Portfolio Volume 1: Major Research Project

A Grounded Theory Analysis of Trainee Clinical Psychologists' Use of Self-Disclosure in Problem-Based Learning

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Abstract

A limited body of literature suggests complex self-disclosure experiences exist across the career of a Clinical Psychologist. Self-disclosure experiences begin at a doctoral training level within small-group working exercises such as Problem-Based Learning (PBL). Although dilemmas in self-disclosure have been described in PBL, little is known about the processes that underpin them. This research aimed to explore and identify the processes that underpin trainee Clinical Psychologist's use of self-disclosure within the context of PBL. Semi-structured interviews were conducted with 17 trainee and qualified Clinical Psychologists who had taken part in at least one PBL task as part of their doctoral clinical psychology training. Data was analysed using Constructivist Grounded Theory which resulted in the co-construction of a theoretical model. Participants described navigating an internal disclosure dilemma within PBL. The disclosure dilemma occurred amongst wider contextual factors and disclosure cultures that PBL was positioned within, which led to acts of self-disclosure and non-disclosure. The unique PBL exercise required trainees to balance the task with process factors. Self-disclosure experimentation occurred in relation to different approaches to the task. Responses to self-disclosure influenced the internal disclosure dilemma for future self-disclosure events. The social processes of self-disclosure in PBL contributed to the personal and professional development of the therapist. Therefore, the findings offer important practical implications for trainee Clinical Psychologists about to embark on their initial PBL or self-disclosure experimentation journeys. The findings also highlight significant considerations for doctoral clinical psychology training programmes and the clinical psychology profession to support and facilitate the self-disclosure of trainee and qualified Clinical Psychologists.

Chapter 1: Introduction

1.1 Overview

This research is concerned with exploring and identifying the processes that underpin trainee Clinical Psychologists' use of self-disclosure within the context of problem-based learning on doctoral clinical psychology courses. This introductory section begins by defining the key terms that will be used. The researcher is situated in relation to this research. An introduction to self-disclosure is provided and its relevance for therapists is discussed. This is followed by a discussion of self-disclosure within the clinical psychology profession and doctoral clinical psychology training. Next the origins of PBL and its use on clinical psychology training discussed. This is followed by a consideration of self-disclosure within existing PBL research.

Much of this report will be written in the third person for the intended audience of clinicians and academics. To engage reflexively with the research process, there will be occasions on which I will write in the first person to make clear my role in the co-construction of this research (Webb, 1992)

1.2 Key Terms

Doctorate in Clinical Psychology (DClinPsy): is an NHS-funded training programme offering clinical, academic and research training for Psychologists entering the clinical psychology profession (CPP) to ensure that they are fit for practice within the NHS.

Trainee Clinical Psychologists (TCPs): are on a DClinPsy programme to train to become qualified Clinical Psychologists (CPs). TCPs are supervised by CPs and will do similar work including the assessment, formulation, and treatment of mental health (MH) difficulties.

Problem-based Learning (PBL): is a method of learning that involves group problem solving arising from 'real-world' case material. PBL requires students to engage in self-directed learning with the aim of increasing understanding of course content (see section 1.5 for a more detailed account of PBL).

Self-disclosure: is the process of revealing information about oneself. The content of a disclosure might extend from small details about a person to personal and sensitive information.

1.3 Situating the researcher

Qualitative researchers, particularly those engaging Constructivist Grounded Theory (CGT), are not able to remain as outsiders to their research. CGT acknowledges the researchers role in constructing and interpreting the data (Charmaz, 2014). To increase the validity of findings a qualitative researcher must engage reflexively with the research process to account for the influence of their own knowledge, experiences and values (Hall & Callery, 2001). This section therefore seeks to position the researcher in context by outlining the researcher's relationship to the topic, epistemology, and positionality.

1.3.1 My experiences of PBL

PBL was a central part of my DClinPsy training experience. From the outset I was encouraged to bring parts of myself to the work. My first PBL task focused on the concept of intersectionality (Crenshaw, 2003) and required us to identify our privileges and oppressions. Subsequent tasks encouraged reflection on personal and professional experiences in relation to the task. Self-disclosure was at times an uncomfortable and intensely emotional experience. These experiences led to dilemmas in self-disclosure when deliberating on what and how much of oneself to bring to these tasks. I was often avoidant of self-disclosure and task-focused. Self-disclosure was a reoccurring theme in my post-task reflective accounts. As such, my dilemma and curiosity around the use of self-disclosure inspired me to explore this topic further through this research (Appendix A outlines a reflective extract on my PBL experiences).

1.3.2 Relationship to the topic – insider-researcher position

An insider-researcher is a person who conducts research from within a group they are a member of due to their own experiences (Asselin, 2003; Greene, 2014). My own experiences of self-disclosure in PBL made me an insider-researcher to this topic. Assuming an insider research position can have both positive and negative implications for the research and has been carefully considered throughout this project (Greene, 2014).

A positive implication of the insider research position is that I shared a mutual understanding with my participants about PBL which was useful throughout interview and data analysis (Dwyer & Buckle, 2009; McEvoy, 2002). An insider position reduces power imbalances by facilitating reciprocity between researcher and participant (Mills et al., 2006). Participants perhaps felt more able to be open about their experiences in PBL due to identifying with me (Dwyer & Buckle, 2009). However, this assumed mutual experience could have had negative implications if my experiences in PBL differed greatly to those of the participants. Participants may have made assumptions about my knowledge

and experiences and chosen not to explain unique concepts and experiences in depth (Dwyer & Buckle, 2009). Furthermore, my own experiences could have led me to assign certain responses more importance and impact the direction of the interview (Potter & Hepburn, 2005). To counter these potential negative effects, an expert by experience (EBE) and supervisory team were consulted. They advised on aspects of the project including shaping the interview schedule, and throughout data collection and data analysis.

1.3.3 Epistemological stance

It is important to clarify a researcher's epistemological stance to describe their ways of knowing about the world that will influence their research (Chamberlain, 2015). The current study aimed to explore the how TCPs experiment with self-disclosure within the context of PBL. It is possible that contextual factors may influence self-disclosure experimentation. As such, these contextual factors perhaps shape the reality of how TCPs experiment with self-disclosure in PBL. Therefore, the adoption of a critical realist stance felt best suited to this project (Bhaskar, 2010). A critical realist approach is applicable to research which seeks to explore social processes which occur within cultural and social contexts such as PBL (Willig, 2013).

Critical realism falls between the realist and relativism domains (Willig, 2013). A realist stance acknowledges the existence of knowable truth, whereas a relativist stance acknowledges that truth is constructed. From a ontological perspective, a critical realist stance asserts a realist ontology that acknowledges the existence of an independent reality. However, a critical realist epistemological position acknowledges that the descriptions of this reality and how we come to know about this reality are mediated by language, meaning making and social context (Oliver, 2012). Therefore, in adopting a critical realist stance for this qualitative research, I acknowledged that the data gathered is not a direct reflection of reality (Willig, 2013). I acknowledged the role that myself (i.e. my values and beliefs) and the research process itself played in co-constructing this knowledge.

1.4 An introduction to self-disclosure

1.4.1 Defining self-disclosure

The earliest research into self-disclosure was conducted by Jourard (1971) who declared self-disclosure as essential to the formation of relationships. He also highlighted the importance of reciprocity in self-disclosure, stating that people are likely to share more of themselves when others do this in return. Jourard (1971) related differences in self-disclosure to individual differences (i.e., personality).

Functional theories of self-disclosure theorise it as a goal-directed behaviour with functions including self-expression, self-clarification, social validation, relationship development, and social control (Chaudoir & Fisher, 2010; Derlega et al., 1976; Omarzu et al., 2000). The disclosure processes model was developed by Chaudoir and Fisher (2010) to outline a process of when and why disclosure is beneficial. The model suggests that individual goals are underpinned by approach and avoidance motivational systems (Chaudoir & Fisher, 2010). Specifically, individuals with approach-focused disclosure goals are more likely to engage in self-disclosure. Communication theories of self-disclosure introduce the idea of relational risk-taking (Cline, 1989). When disclosing an individual must consider risk of rejection, betrayal, and causing discomfort for the listener (Omarzu et al., 2000). There is evidence to suggest that disclosure supports development of trust within diverse groups of people (Turner et al., 2007). Individual disclosure events can impact change at a societal level, for example by creating awareness and reducing stigma in sharing lived experience (Omarzu et al., 2000).

1.4.2 Self-disclosure within therapy practices

Given the value ascribed to self-disclosure in the formation of relationships it is perhaps unsurprising that this topic has been explored in relation to the therapeutic relationship. Self-disclosure is a term with many meanings within therapy practice (Stricker, 2003) and a topic of much controversy and debate (Carew, 2009; Knox & Hill, 2003). Hill and Knox (2002) define therapist self-disclosure (TSD) as statements that reveal something personal about the therapist (Hill & Knox, 2002). This definition extends to information that can be given non-verbally such as body language, therapist dress and therapy surroundings (Hill & Knox, 2002). Self-disclosure can also be defined as therapist self-transparency in which a therapist is open about beliefs, values and personal experiences that may inform their practice (Roberts, 2005). This might also be conceptualised as 'use of the self' (Lum, 2002). Roberts (2005) states that self-transparency in this sense, either intentional or unintentional, is common in therapy and means that social identities become easily intertwined with self-disclosure.

Sigmund Freud, the founder of psychoanalysis, gave the first considerations to the self-disclosure of the therapist in his writings. He stated that therapists should be 'tabula rasa' to allow for a better interpretation of transference and counter-transference (Freud, 1977; Jackson, 1990). The idea of TSD has evolved over the years from a taboo topic toward something that has been, in some cases, encouraged and praised. This is in line with cultural change in wider society whereby the UK culture shifted from Victorian societal norms, which valued privacy, to a society that values intimacy and transparency (Dixon et al., 2001; Stricker, 2003). There has also been a shift from a focus on the intra-psyche in therapy toward addressing more interpersonal issues which may require the use of self-

disclosure on the part of the therapist (Farber, 2006). This shift occurred within the evolution of therapeutic modalities with more contemporary psychodynamic approaches advocating for self-disclosure infrequently and dependant on the context (Farber, 2003); cognitive behavioural therapists engaging in self-disclosure to support the therapeutic relationship and promote client change (Goldfried et al., 2003); and some systemic, humanistic and feminist approaches endorsing self-disclosure as part of an intervention (Andersen, 1987; Brabeck & Ting, 2000; Goldstein, 1997).

TSD has been described as one of the 'rarest but most potent' techniques in therapy (Hill et al., 1988). It is argued that the positive power of TSD lies within its infrequent use (Knox & Hill, 2003). Reasons cited for the use of TSD include; to increase similarity between therapist and client; to model appropriate behaviour; to improve the therapeutic relationship; and to validate client experiences (Simon, 1990). To do this effectively it is key to have an understanding of the self-as-therapist (Rowan, 2002). There will be many occasions where it will be better for therapists to consider non-disclosure. Therapists have described situations in which they avoided disclosure which included; when this would be fulfilling their own needs; taking the focus away from the client; be intrusive to the client; and blur relationship boundaries (Simon, 1990).

1.4.3 Outcome literature for therapist self-disclosure

Research into TSD focuses on the impact of TSD on clients or therapy outcomes, in addition to client perspectives of TSD. Studies of this kind deemed helpful disclosures as those that supported the therapeutic relationship, that had occurred in response to the client sharing something personal and were offered to normalise the clients experience (Knox et al., 1997). A phenomenological study of client experiences of TSD identified three outcomes of TSD. These included forming connections early in therapy; demonstrating attentiveness and responsiveness; and engaging the client in a meaningful working relationship (Audet & Everall, 2010). Clients valued TSD for making the relationship feel more egalitarian (Hanson, 2005). Unhelpful TSDs were those that decreased trust and safety, or made clients feel judged (Hanson, 2005). Other studies have found that clients who received TSD in response to their disclosures felt more liking toward the therapist and reported less symptoms following treatment (Barrett & Berman, 2001). This might support the common factors debate in psychotherapy (Mulder et al., 2017).

In a review of research into TSD, Henretty & Levitt (2010) concluded that there is not enough research in the area to determine the effectiveness or outcomes of TSD. The body of literature reviewed was methodologically flawed and formed of analogue studies which limits its generalisability and validity

(Henretty & Levitt, 2010; Hill & Knox, 2002). Furthermore, the heterogenous nature of self-disclosure definitions can be problematic for empirical literature when trying to measure its effects (Knox & Hill, 2003).

In comparison to outcome studies very few empirical studies focus on therapist perspectives on and experiences with self-disclosure. Those that exist concentrate on therapist reasons for disclosing or not disclosing, and are often done using descriptive data-analysis (Mathews, 1988; Simon, 1988). An early study on therapist perspectives found therapists rated disclosure events as less helpful than their clients, perhaps due to the shift in power dynamics or vulnerability experienced (Hill et al., 1988).

Similarly, in a review of client and therapist self-disclosure, Farber (2006) found that both parties experienced conflicting emotions when disclosing due vulnerability and uncertainty. More recent studies of this nature have found that therapists become more comfortable with self-disclosure over time (Pinto-Coelho et al., 2018). Their most frequently cited intention was to provide support to the client. In a cross-cultural setting, TSD was used to acknowledge the role of oppression in client difficulties, as well as naming their own racist/oppressive attitudes (Burkard et al., 2006).

1.4.4 Self-disclosure within clinical supervision

The topic of self-disclosure is one particularly relevant to the clinical supervision of therapists. Clinical supervision is essential for the professional development of trainee therapists (Holloway, 1995) and to the effective practice of qualified therapists (Tugendrajch et al., 2021). A strong supervisory alliance and supervisor attachment security supports this development and facilitates self-disclosure (Gunn & Pistole, 2012; Mehr et al., 2010, 2015). Many supervisory models acknowledge that for a supervisor to support the development of a trainee's skills, the supervisee must disclose information about therapeutic interactions, personal information about themselves and the supervisory relationship (Milne, 2007; Overholser, 2004; Tugendrajch et al., 2021). Thus, the effectiveness of supervision is largely dependent on the willingness of a supervisee to self-disclose (Ladany et al., 1996). However, non-disclosure is a common occurrence in supervision (Ladany et al., 1996; Mehr et al., 2010; Skjerve et al., 2009; Yourman & Farber, 1996). The content of non-disclosures include reactions to the supervisor, personal issues, evaluation concerns and clinical mistakes (Ladany et al., 1996). Although, much like the body of TSD literature, this area is also criticised for its poor methodological rigour due to difficulties operationalising various aspects of supervision and defining self-disclosure (Milne, 2007).

1.4.5 Self-disclosure within the clinical psychology profession and training

CPs are required to be both scientific and reflective-practitioners (Belar & Perry, 1992; Schön, 1983). They have varied roles which encompass providing therapeutic interventions, conducting assessments, and working and leading within multi-disciplinary teams (British Psychological Society, 2017). Within the practice guidelines there is reference to CP's personal experiences informing, and potentially biasing their work (British Psychological Society, 2017). As such there are requirements for engagement in reflective practice to understand how one's self interacts with clinical practice and in turn be prepared to reflect on this or use it in clinical work.

Despite references to the self of the psychologist in guidelines and the many elements of their role that might require the use of the self and self-disclosure, there is a lack of guidance and research specific to the CPP. This is in comparison to Counselling Psychologists and psychotherapists who more readily engage with debates around self-disclosure (Farber, 2006; Staples-Bradley et al., 2019) and have personal therapy as a requirement for training (British Psychological Society, 2022). Consequently, the expectations around use of self-disclosure in the CPP are unclear, leaving many grappling with what is 'appropriate' (Ruddle & Dilks, 2015). Ruddle & Dilks (2015) state that 'everyone is doing it, but no one is talking about it' and call for more systematic guidance for CPs on the use of TSD, with more attention given to this within training, placement, and supervision.

Self-disclosure seems incongruent to the professional culture of clinical psychology which has traditionally been underpinned and guided by the scientist-practitioner model (Belar & Perry, 1992; Harvey, 2001). Furthermore, the variety of theoretical orientations employed by members of the profession might also explain the different views held on self-disclosure within the profession (Norcross & Karpiak, 2012). These unclear expectations also extend to the disclosure of lived experience which is problematic given the prevalence of MH difficulties amongst TCPs and qualified CPs (Grice et al., 2018; Tay et al., 2018).

DClinPsy training courses are designed to produce CPs who are fit to practice in the NHS (Stedmon et al., 2005). Each training course has its own unique ethos which may underpin how much focus is given to the self throughout training and in wider practice (Valon, 2012). TCPs are required to assimilate psychological theory and clinical practice skills with the development of their own personal and professional identity. TCPs encounter uncertainty throughout training, with decisions around self-disclosure just one of the many dilemmas they face (Bottrill et al., 2010). However, it is argued that there is minimal explicit focus on what it means to cross personal and public boundaries in training (Roberts, 2005; Ruddle & Dilks, 2015). Although not directly referring to the training of CPs, Roberts

(2005) acknowledges the challenges for new therapists in learning to navigate different levels of awareness and also monitor disclosures. Trainees will require support to be able to view their own experiences and multigenerational history as a resource (Roberts, 2005).

There are calls for a cultural shift in the CPP so that self-disclosure is a standard within training and practice (Ruddle & Dilks, 2015; Spence et al., 2014). The British Psychological Society (BPS) Division of Clinical Psychology (DCP) released a statement to value the contribution of TCPs and qualified CPs with lived experience of mental illness (Kemp et al., 2020). The guidance aims to normalise the experience of MH difficulties amongst the profession and address the stigma that surrounds it. Given the recent shift in narratives within clinical psychology toward valuing lived experience, perhaps CPs will feel more able to share their lived experiences (Grice et al., 2018). A position statement unique to the professions stance to self-disclosure as a whole might therefore be considered as a way to further promote this cultural shift.

DClinPsy courses have been described as the most appropriate place to begin this culture shift (Spence et al., 2014). DClinPsy courses employ reflective practice and small-group spaces to promote learning in TCPs (Binks et al., 2013). Given the reflective nature of these environments, they offer space for self-disclosure occur. As a small-group space, PBL warrants further exploration as a space in which TCPs can engage in self-disclosure.

1.5 An introduction to problem-based learning (PBL)

1.5.1 The origins of PBL

PBL is a pedagogical method that emerged due to the changes in the understanding of knowledge acquisition. This view changed from one that viewed students as passive learners in a didactic teacher-student relationship, to a view that students needed to take an active role in dealing with complex questions and negotiating meaning in social networks (Savin-Baden & Major, 2004). This approach to learning was pioneered by Barrows and Tamblyn (1980) at McMaster University, as part of a quest for change within medical education. PBL was employed as a means to encourage students to take an active role in learning and to generate a body of knowledge that could be useful to them in their career (Barrows & Tamblyn, 1980). PBL emerged as an innovative method of education and is the most widely known alternative to traditional lecture and seminar-based education for health professionals (Savery, 2006).

PBL centres open-ended problems at the core of learning, compared to traditional defined curriculum content (Barrows & Tamblyn, 1980; Hmelo-Silver, 2004). The essential characteristics of PBL include; working with real-world scenarios; working in small teams to identify knowledge gaps; gaining knowledge from self-directed learning; having group facilitators; and the task as a whole leading to development of clinical problem solving skills (Savin-Baden & Major, 2004). This aims to support improved acquisition and integration of theoretical and clinical knowledge, as well as improving clinical reasoning skills to support students to become life-long learners (Huey, 2001; Wiggins et al., 2016). As PBL has spread across countries and professional disciplines it has evolved to take different forms (Barrows, 1986; Boud, 1985), contributing to its many different conceptions (Savin-Baden & Major, 2004).

The deliberate engagement of students in co-constructing a problem and finding a solution revealed how important social processes are to learning (Stedmon et al., 2005). Block (1996) argues that the group working format of PBL and the resulting dynamics, conflicts, and exposure to viewpoints is one of the most valuable learning points of the method. Comparisons have been made between PBL and psychotherapy for its benefits in addressing regression and supporting students to understand the self (Aronowitsch & Crafoord, 1995; Block, 1996).

1.5.2 Theories of learning and PBL

PBL is an approach to learning that sits outside of traditional transmissional models[1] employed in higher education (Laurillard, 1993). It is still underpinned by a range of different learning theories and models and might best be described as a form of experiential learning (Biggs, 1999; Savin-Baden, 2000). There are parallels between the experiential learning cycle outlined by Kolb (1984) and the PBL process which combines experience, cognition, and behaviour. PBL adopts a constructivist approach to learning, promoting learning through collaboration and social interaction (Baillie et al., 2011; Nel et al., 2008; Savery & Duffy, 1995). In PBL that employs a facilitator, experiential learning can be enhanced with guidance that extends a student's zone of proximal development (Keville et al., 2013; Vygotsky, 1978). PBL might also be underpinned by humanistic approaches to learning as it supports and encourages the holistic development of an individual (Savin-Baden & Major, 2004). Students are encouraged to explore their own needs, which may leave the PBL environment more open to processes such as self-disclosure (Savin-Baden & Major, 2004).

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[1] Transmissional models of learning are a teacher-centred learning model. A teacher designs lessons aligned with learning objectives and students passively acquire this knowledge in a structured learning environment (Slavin, 2013).

1.5.3 PBL in the context of clinical psychology training (DClinPsy)

Professional training in clinical psychology typically takes a traditional approach to teaching and assessment[2] (Curle et al., 2006). Clinical psychology training in the United Kingdom (UK) is funded by the National Health Service (NHS) at thirty universities across the nation. These courses work in partnership with the BPS, a professional body incorporated by Royal Charter for psychology in the UK, and the Health and Care Professions Council (HCPC, 2017), a statutory regulatory body. The BPS develop standards for accreditation which are based upon a core competencies framework to ensure high quality in the training of CPs (BPS, 2019). The goal of clinical psychology training is to create 'fit to practice' CPs ready for work within challenging, dynamic and evolving health care systems (Pachana et al., 2012; Stedmon et al., 2005).

The introduction of PBL onto the DClinPsy occurred as part of the expansion of training programmes due to workforce demands (Stedmon et al., 2005). PBL on the DClinPsy is an opportunity to assess a trainee's competence to work in NHS teams, as well as their clinical reasoning skills to function as a clinical practitioner (Stedmon et al., 2005). PBL was initially incorporated in to DClinPsy courses at Exeter and Plymouth by Stedmon et al. (2005) to help bridge the gap between academic learning at university and experiential learning on placement. Benefits of integrating PBL into the DClinPsy include; supporting trainees to acquire process skills (i.e. team working and reflexivity; (Nel et al., 2008), to develop clinical skills, and to become self-directed adult learners (Curle et al., 2006; Huey, 2001). PBL has been described as particularly relevant to areas of the clinical psychology curriculum, such as psychopathology and therapeutic interventions, as it supports the transformation of disparate information into clinical practice information (Pachana et al., 2012). The format of PBL varies across DClinPsy programmes in terms of the number of tasks, assessment methods, formative and summative assessment, and consistency in groups. What remains consistent is being in a group, responding to a task and delivering a presentation of the group work.

PBL has been described as an effective method of learning for women and minority groups as it does not exclude them in a way that other methods might do (i.e. lecture format) (Savin-Baden & Major, 2004). A key benefit of the approach is thought to be providing a 'safe-enough' environment from which trainees can develop various skills and be an active learner (Stedmon et al., 2005). This 'safe-enough' space is created via consistency in functioning (remaining in the same group) and collaboration. However, there is literature that describes racist practices in the NHS, multi-disciplinary

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[2] Traditional linear degree programmes involve modular teaching in lecture-based or seminar format. Knowledge acquisition is assessment using unseen examination and standard essays (Curle et al., 2006).

teams and CP training settings (Kline, 2014; Prajapati et al., 2019; Wood, 2020; Wood & Patel, 2017). PBL may not be immune from these harmful practices.

There is little empirical evidence about the effectiveness of PBL in supporting the development of core competencies on the DClinPsy. Evidence suggests that it supports the development of transferable skills of; being able to understand group process within teams and name conflict; clinical skills such as formulation; reflective skills; and leadership (Griffith et al., 2018; Nel et al., 2017). Overall, views of CPs were mixed on the usefulness of PBL in preparation for clinical practice, with some feeling indifferent (Nel et al., 2017). This research was limited by lack of standardised outcome measures and use of non-parametric testing.

1.5.4 Existing literature on trainee Clinical Psychologist's experiences in PBL

There is limited research that evaluates the benefits of PBL for DClinPsy training in comparison to other small-group teaching methods and in relation to the domains it sets out to achieve (Huey, 2001). Some empirical literature does exist that explores the experiences and perspectives of participants, facilitators or implementors of PBL. Stedmon et al. (2005) were the first to provide preliminary data on trainee and staff perceptions of PBL after its introduction into clinical psychology training. Trainees anxieties about assessment and group process remained; however, they became accepting of the approach. Staff reported an improvement in trainee thinking ability and resourcefulness (Curle et al., 2006).

A further body of research into PBL on DClinPsy courses originates from authors at the University of Hertfordshire. The first of its kind was written by Nel et al. (2008) which focused on the experiences of trainees from a single PBL group after engaging in PBL for the first time. A common theme amongst trainee reflections was experiencing uncertainty and responding with experiential avoidance. The avoidance of intragroup conflict and difficult emotional experiences provided trainees with a sense of control within the destabilising experience. Nel et al. (2008) state that ambiguity was deliberately created in order to improve ability to manage the inevitable uncertainty that comes with clinical training and practice.

Similar themes extend through papers produced by Keville and colleagues who explored trainees' experiences of PBL at different periods throughout their journey (Keville, 2016; Keville et al., 2009, 2010). Trainees described grappling with intense emotional experiences evoked by task stimuli and difficult group dynamics. Trainees also described difficulties when disclosing their thoughts, feelings,

and experiences, which impacted group dynamics. There was an acknowledgement of differences in trainee ability and willingness for disclosure. Some acknowledged that for learning to occur, full disclosure of personal experiences and histories was not required. In a later paper, trainees stated that PBL assists with development of personal and professional identities (Keville et al., 2013). To develop, trainees required a variety of factors including containment, validation, and acceptance. Keville et al. (2013) describe PBL as the interface between the personal and professional self.

The previous body of research lacks thorough methodological analysis which limits its reliability and validity. However, both Conlan (2013) and Valon (2012) conducted empirical qualitative studies into trainees experiences of PBL for their doctoral theses. Conlan (2013) utilised an interpretative phenomenological approach to explore how TCPs make sense of their experiences. Themes resulting from this research highlighted the intensity of the PBL experience due to its unpredictability, intangibility and difficultly. To manage these experiences trainees avoided disclosing personal information about themselves to maintain feelings of safety. The author suggests that this creates a cohesive yet false group identity. Trainees acknowledged the need for risk-taking to address issues within group dynamics, despite the discomfort that arises. The facilitator was described as invaluable for scaffolding these kinds of conversations. The research is limited however by its homogenous sample in terms of demographics as well as being from just one DClinPsy course in the UK.

Valon (2012) took a narrative approach to exploring identity change through PBL within TCPs' reflective accounts. Trainees developed a sense of self which contributed to self-understanding and the understanding of others. The theme of sharing personal information developed as a way to enhance connection in the group, despite feelings of discomfort (Conlan, 2013; Valon, 2012). Due to these experiences, trainees described feeling better able to understand the experience of the client in therapy (Valon, 2012). PBL was described by some as a safe space from which the exploration of personal stories could occur. The underlying philosophy of the course programme was influential to the experience and trainee's development. Trainees also highlighted how issues of power, gender, ethnicity, and dominant societal discourses play out within the space, and may impact group dynamics and existing inequalities. Again the study was limited by its small all-female sample (Valon, 2012).

The themes across this body of literature are similar, which suggests commonality in the PBL experience for trainees. This therefore implies that it may be possible to generate a theory about the processes that occur within it. As previously discussed, the body of experiential literature from PBL resides in one university in the UK which employs a specific model of PBL. Therefore, there is scope

for further research at DClinPsy courses who also utilise PBL in differently and within a different course ethos.

1.5.5 Self-disclosure and its relevance to PBL and clinical psychology

The background literature and research provided above highlight self-disclosure to be a topic of interest, debate and uncertainty across wider therapy practices, supervision, the CPP and PBL context. Within the body of experiential literature on PBL trainees described difficulties with sharing personal information about themselves (Conlan, 2013; Keville, 2016; Keville et al., 2009, 2010, 2013; Nel et al., 2008; Valon, 2012). Many deemed this a necessary process for group cohesion, as well as for professional and personal development. Self-disclosure appears to be a key part of the PBL experience, yet little is understood about how this process works. Notably, self-disclosure was not the primary focus of these pieces of research that explored more general PBL experiences. The self-disclosure focused literature that does exist is predominantly focused on the impact of TSD on therapy outcomes or explores it from the perspective of the client. It fails to explore therapist's experiences of self-disclosure, particularly the experiences of CPs. Consequently, to examine existing knowledge pertaining the experiences of CPs engaging in self-disclosure, a systematic literature review (SLR) of peer-reviewed research was conducted and will be presented in Chapter 2.

Chapter 2: Systematic Literature Review

2.1 Overview

This chapter presents a systematic literature review (SLR) regarding what is known about psychologists' experiences of engaging in self-disclosure, in addition to presenting the rationale for the current research project. A systematic review of literature provides an overall impression of the extent and nature of evidence, as well as synthesising the findings from this evidence base (Siddaway et al., 2019). This literature review included studies with qualitative data because of their in-depth exploration of individual experiences of self-disclosure that quantitative methodologies could not offer (Willig, 2013).

This systematic literature review aimed to answer the question:

What does the literature tell us about the self-disclosure experiences of trainee and qualified Clinical and Counselling Psychologists?

The rationale for the inclusion of Counselling Psychology literature is explained in section 2.2.1 below.

2.2 Review methodology

2.2.1 Search Strategy

A systematic literature search was conducted between January 2023 and March 2023. A scoping review revealed no existing systematic literature reviews in this area. The following databases were selected for their focus on research involving allied health professionals, psychological research and life and medical sciences; CINAHL, PsychArticles and PubMed. Google Scholar was also utilised during manual searches. A title, abstract and key word search was also conducted in the interdisciplinary database, Scopus, revealing 1105 results. An initial 400 papers were screened for relevance. Results appeared irrelevant to the topic of the SLR after approximately 200 papers. No new relevant papers in addition to that already discovered within the other databases were found. Therefore, it was decided not to utilise the Scopus database in order to reduce the number of papers included for screening in this review, and to ensure a consistent search strategy across databases was maintained.

Preliminary searches revealed a sparsity in literature looking solely at the experiences of trainee and qualified CPs. Therefore, the decision was made to include Counselling Psychologists in the searches and sample. Counselling psychology was selected due to its similarities in training and practice with

clinical psychology. Counselling psychology training involves small experiential and reflective group work and encourages self-reflection through requirements for engagement in personal therapy (British Psychological Society, 2022). Counselling psychology training programmes in the UK are also accredited by the British Psychological Society, much like the DClinPsy (Jones Nielsen & Nicholas, 2016)

The SPIDER tool (Table 1) was used to help decide upon search terms, as well as inform inclusion and exclusion criteria. The SPIDER tool is considered more suited to qualitative research questions (as compared to the PICO tool) and was selected due to its ability to refine search results (Cooke et al., 2012).

Table 1: SPIDER tool used to develop search terms, inclusion and exclusion criteria

Sample	Clinical psychologists OR Trainee Clinical Psychologists OR Counselling Psychologists OR Trainee Counselling Psychologists OR Therapists OR Psychological Therapists OR Psychotherapists
Phenomenon of Interest	Self-disclosure OR Disclosure OR Disclose OR Sharing OR Use of the Self OR Sharing of the Self
Design	Questionnaire OR Survey OR Interview OR Case Study OR Focus Group
Evaluation	View OR Experience OR Attitude OR Opinion OR Perception OR Belief OR Feel OR Know OR Understand
Research Type	Qualitative OR Mixed

Alternative terms for key concepts were added following a review of significant articles related to therapist self-disclosure. Terms were further refined through a preliminary search of the above databases. Phrase searching for the title of a professional was used to narrow down search results. The truncation symbol (*) was used to account for plurals (e.g. Clinical Psychologists). Boolean operators 'AND'/ 'OR' were used to combine search terms. Alerts were created to ensure the inclusion of relevant papers until analysis was carried out.

The final formatted search terms used in the search are listed in Table 2. Search terms that were considered, trialled and eliminated are outlined in Appendix B.

Table 2: Final formatted search terms

Concept 1	"Clinical Psychologist*" OR "Counselling Psychologist*"	(Trainee* AND Psycholog*) OR ("Psychological" AND Therapist*) OR Psychologist*
	AND	
Concept 2	Self-disclos*	("self" AND disclos*) OR disclos* OR "Use of ? self"

2.2.2 Inclusion and Exclusion Criteria

Table 3: Inclusion and exclusion Criteria for SLR

Inclusion	Exclusion
Published in a peer reviewed journal	Published in non-peer reviewed journals
Empirical papers	Theoretical Papers, reviews or discussion articles.
Qualitative or mixed method	Quantitative research as this does not allow for the exploration of experiences
Papers written in English or translated in English	Papers not in the English Language
Meeting criteria of the SPIDER	Outcome or intervention-based studies or analogue studies
Papers from the disclosing psychologist perspective	Papers from the disclosing client perspective
Study includes data from trainee (both at masters and doctoral level) and qualified Clinical and Counselling Psychologists	Study includes data from other types of Psychologists (i.e. educational), unspecified therapists or other professional groups (i.e. social workers, medics).
Sample includes trainee and qualified Clinical and Counselling Psychologists from across the world.	Grey Literature
Study references the experiences, perceptions, attitudes, beliefs or understandings of self-disclosure, or lack thereof (non-disclosure) in the above sample.	Study does not reference self-disclosure.

Given the limited available research, the decision was also made to include studies from trainee and qualified Clinical and Counselling Psychologists from across the world. In some cases this meant samples included Clinical and Counselling Psychologists trained at master's level only which differs to

the way Psychologists are trained in the UK. However, it was assumed that irrespective of the qualification, self-disclosure would form part of the training and practice of psychologists given the nature of the profession. Given the limited research in the area, no date limit was applied to the findings.

After obtaining search results duplicates were removed. The results were firstly screened based on the relevancy of the title. For the relevant studies, or if the title was vague, the abstract was reviewed. The reference lists of studies that met eligibility criteria were examined for relevant papers; however, this did not reveal any more suitable papers. A further 3 articles were found using the 'cited by' function in Google Scholar which was scanned for each of the eligible papers found through database searching. A PRISMA diagram (Moher et al., 2009) outlining the search process is presented in figure 1.

2.3 Search findings

The literature review identified 10 suitable papers. The papers were selected due to their focus on trainee or qualified Clinical and Counselling Psychologist's experiences of self-disclosure or non-disclosure. Literature on non-disclosure was considered relevant due to processes described in self-disclosure focused papers in which psychologist's anxiety, vulnerability and doubt around self-disclosure resulted in non-disclosure. Nine of the papers utilised a qualitative methodology. One was a mixed-method paper. Papers were included from different parts of the world including the UK (N = 3), USA (N = 2), Australia (N = 2), South Africa (N = 1), Ireland (N= 1) and Norway (N= 1). This meant that the sample included Counselling and Clinical Psychologists at both masters and doctoral level of training. One paper looked specifically at TCPs' use of TSD (Bottrill et al., 2010), and another more specifically at trainees experiences of disclosing MH difficulties (Turner et al., 2022). One paper looked at TCPs' self-disclosure on training in a CBT reflective group (Jona et al., 2022). Another focused on CPs' decision making around self-disclosure in their CBT clinical practice (Miller & McNaught, 2018). One paper focused on psychologists' self-disclosure of spiritual and religious beliefs (Magaldi & Trub, 2018). Five focused on the supervision context, with one focusing on the self-disclosure experiences of qualified CPs in supervision (Spence et al., 2014). Four others focused on supervisee non-disclosure in supervision (Hess et al., 2008; Reichelt et al., 2009; Singh-Pillay & Cartwright, 2019; Sweeney & Creaner, 2014). A summary of the papers, including the strengths and limitations, can be found in Table 4.
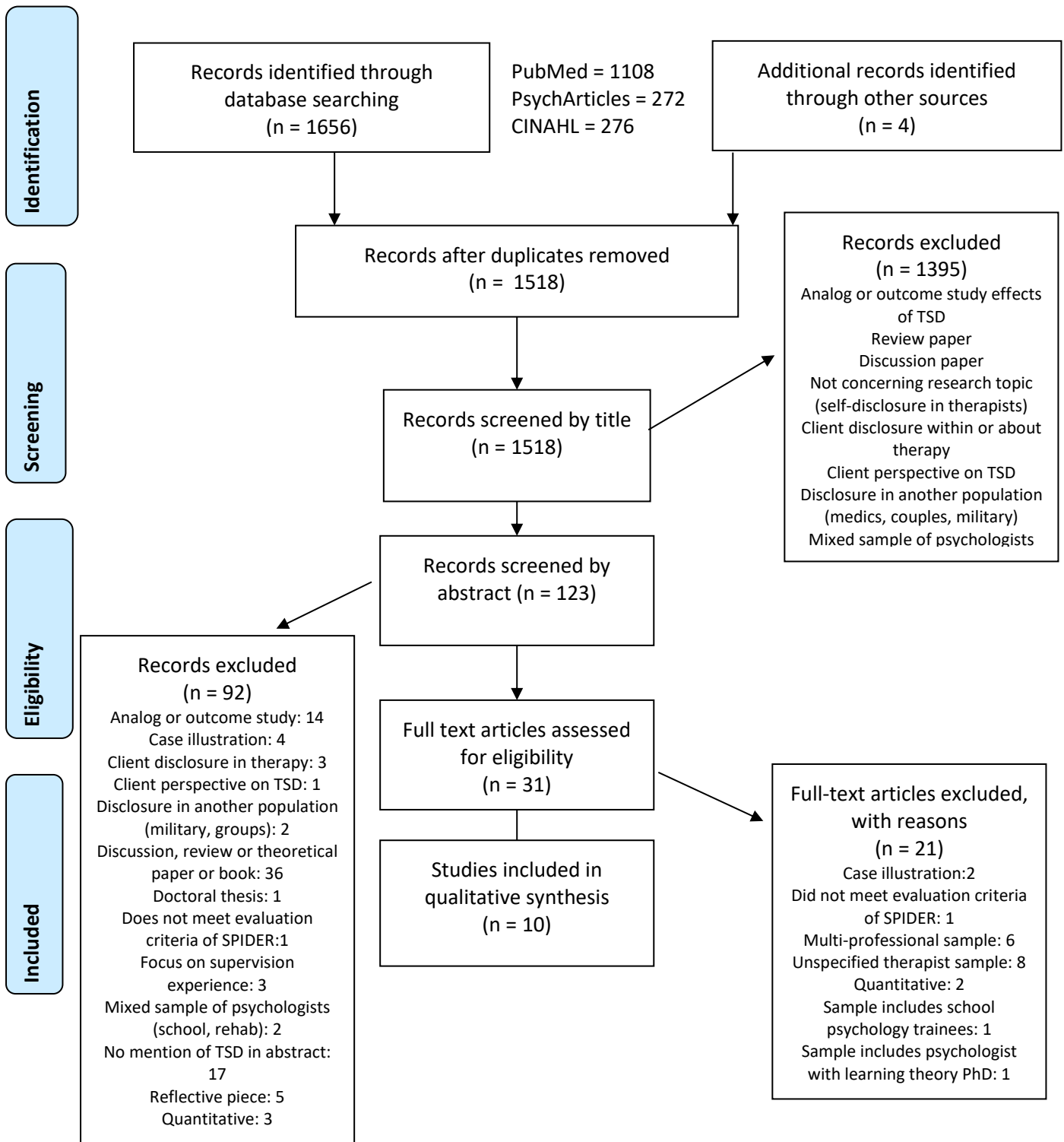
Figure 1: SLR PRISMA flow chart

Table 4: Data extraction from papers included in the SLR

Authors & Year	Country	Title	Aim	Participants	Data Collection	Data Analysis	Summary of key findings	Strengths and Limitations
Bottrill et al. (2010)	UK	The use of therapist self-disclosure: clinical psychology trainees' experiences.	To explore trainees' experiences of using, or not using, self-disclosure in their therapeutic work and their experience of training and supervision on this issue.	Purposive Sample 14 Trainee Clinical Psychologists in doctoral training Ethnicity: 12 White, 1 Mixed, 1 Asian British Gender: 10 female, 4 males Ages: 26- 32	Semi-structured Interviews.	IPA (Smith & Osborn, 2003).	Themes were split across 2 domains; 'the decision in the moment' in which participants described grappling with uncertainty, doubt, and conflict about when, whether, and how much to disclose to their clients and what the consequences of disclosure would be. The second domain was the developing therapist in which dilemmas around disclosure underpin the development of a professional therapist identity.	**Strengths** -Large sample for IPA study offering a wealth of rich data -Outlines researcher relationship to topic -Employed participant validation for credibility checks **Limitations** -Lack of ethnic diversity with sample
Hess et al. (2008)	USA	Predoctoral Interns' Nondisclosure in Supervision	To explore predoctoral interns experience of and reasons for intentional nondisclosure. To investigate the content of intentional nondisclosures and explore factors that would have facilitated supervisee disclosure. To examine what effect, if any, interns thought their nondisclosure had on their personal development.	Purposive sample 14 predoctoral interns (12 counselling psychology PhD programs & 1 clinical psychology PsyD program) Gender: 11 females, 3 males Ethnicity: 10 European American/White [non-Latino], 2 African American, 2 Asian American Ages: 27-38 years	Semi-structured Interviews. The Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984). The Supervisory Satisfaction Questionnaire (SSQ; Ladany et al. 1996)	CQR (Hill et al., 1997, 2005)	Two groups (good and problematic supervisor relationships) were found who had different experiences of nondisclosure. Despite good or problematic relationships, all withheld information from supervisors. The supervisors' style, supervisee role and high stakes environment were all associated with non-disclosure. Both groups were concerned about how they would be evaluated following disclosure. Good supervisory relationship required for discussing non-disclosure. Responsibility is placed on supervisor for doing so.	**Strengths** - Quantitative data adds context to the supervisory experience -Multiple 'judges' reduced the risk of bias -Participants were able to comment on research analysis and themes **Limitations** -Small sample size allows for only tentative interpretation of results. - Researcher relationship to topic nor reflexivity processes explained. - Not clear how ethical standards were upheld -Process of reaching 'consensus' amongst judges not clearly explained.

Authors & Year	Country	Title	Aim	Participants	Data Collection	Data Analysis	Summary of key findings	Strengths and Limitations
Jona et al. (2022)	Australia	Self-Disclosure in a Self-Practice/Self-Reflection CBT Group in Professional Psychology Training	To explore the experience and perceived benefits of self-disclosures made and witnessed by clinical psychology trainees engaging in a CBT group based on SP/SR principles.	Purposive sample 26 trainee Clinical Psychologists (completing a masters or doctorate) Demographic information not collected	Semi-structured Interviews.	TA (Braun & Clarke, 2019).	TCPs described a conscious decision-making process around self-disclosures. Self-disclosure was associated with anxiety, discomfort, and uncertainty. Discomfort was necessary for personal and professional growth. Peer relationships support self-disclosure. Experiencing enablers, barriers, and decision-making process of self-disclosure facilitated insight into client experiences and helped to understand the TSD in therapy.	**Strengths** -Large sample conducive to TA -Considers researcher relationship to topic and reflexive engagement with research **Limitations** -No demographic information collected so not possible to determine diversity of sample -No credibility checks conducted with participants
Magaldi & Trub (2018)	USA	(What) do you believe?: Therapist spiritual/religious/non-religious self-disclosure	To understand the conversations that therapists are having with clients about spiritual/religious/non-religious (S/R/N) similarities and disparities, and the impact of such conversations or lack thereof upon the therapy process.	Purposive Sample 21 counselling and Clinical Psychologists Gender: 14 women, 7 men Ethnicity: 7 Caucasian, 1 Irish/euro American, 2 polish American, 1 eastern European American, 1 Greek American, 4 euro American, 1 Latino, 1 Italian American, 1 Portuguese, 1 south Asian Aged: 28–69	Semi-structured Interviews.	CGT (Charmaz, 2006)	Therapists' explicit self-disclosure, implicit self-disclosure, or non-disclosure was influenced by theoretical orientation and therapists' S/R/N identifications. Therapists engage in this S/R/N self-disclosure verbally and nonverbally to connect with clients. Therapists who had engaged in greater personal exploration of their own S/R/N identity felt more prepared to manage moments of S/R/N self-disclosure in therapy.	**Strengths** -Adequate sample size for grounded theory study supporting claims of saturation -Researchers engage reflexively with data collection and analysis + Diverse sample **Limitations** -No mention of member checking -Recruitment involved extension of previous sample from a related study which might be consider un-typical for GT. - Do not present a CGT model

Authors & Year	Country	Title	Aim	Participants	Data Collection	Data Analysis	Summary of key findings	Strengths and Limitations
Miller & McNaught (2018)	New Zealand	Exploring Decision Making Around Therapist Self-Disclosure in Cognitive Behavioural Therapy	To elucidate how CBT practitioners make decisions around self-disclosure in their therapeutic practice	Convenience Sample 6 Clinical Psychologists Gender: Female Ethnicity: Caucasian Aged: 34- 57 years	Semi-structured Interviews.	TA (Braun & Clarke, 2006).	Two overarching themes described how participants make decisions about TSD in CBT. These were the 'rules of TSD' and 'the uses of TSD'. TSD must have a clear purpose, the therapist must maintain boundaries, and the therapist must always reflect on his/her use of TSD. TSD was used tool for change and as a tool to manage the therapeutic relationship. Decision making processes were related to the CBT model.	*Strengths* -Experienced sample well-informed of TSD in CBT - In-depth rich data *Limitations* -Researcher relationship to topic and reflexive processes not explained -Very small sample size for TA recruited via researcher social networks may have led to unrepresentative or biased sample - Lack of gender and cultural diversity in sample (leading to female-centric view). - Participants not involved in theme checking
Reichelt et al. (2009)	Norway	Nondisclosure in psychotherapy group supervision: The supervisee perspective	To investigate aspects of nondisclosure in a student therapists, working within a group format of supervision.	Purposive sample 55 trainee Clinical Psychologists	Questionnaire	CQR (Hill et al., 1997)	Non-disclosures included views on the supervisory relationship, questioning the professional role of the supervisor, private issues and negative reactions to the supervisor. Things that impacted opportunities for disclosure were time pressures in the group and business of the supervisor. Reasons included fear of hurting the supervisor, asymmetric relationship or fear about becoming criticised or interpreted. The experience of the group itself made it difficult to disclose. The group became more open as time went on.	*Strengths* -Questionnaire may have allowed for more open responses from participants -Large research team for auditing data analysis *Limitations* -Questionnaire limits richness of data -Low response rate -Participant demographic information not provided -Not clear how ethical standards were upheld -Participant views not sought on analysis -Limitations and implications not discussed in detail -No clear statement of findings

Authors & Year	Country	Title	Aim	Participants	Data Collection	Data Analysis	Summary of key findings	Strengths and Limitations
Singh-Pillay & Cartwright (2018)	South Africa	The unsaid: In-depth accounts of non-disclosures in supervision from the trainees' perspective	To offer a deeper understanding of the individual trainee experience underlying non-disclosure in clinical supervision.	Purposive Sampling 8 Trainee and Clinical Counselling Psychologists (master's degrees) Gender: 5 Females, 3 Males Race: 4 White, 4 African	Semi-structured Interviews.	IPA (Smith, Flowers, & Larkin, 2009)	Non-disclosure was a regular occurrence of conscious or purposeful omissions. 4 super-ordinate themes emerged from the data: experiences of "purposeful non-disclosures"; perceptions and experiences that prevent and facilitate trainee disclosures; the influence of "learning from the supervisor" and implications for the trainees' learning and therapy. Power dynamics within the supervisory relationship which appeared to perpetuate a cycle of non-disclosures.	*Strengths* -Adequate sample size for IPA -Efforts made to create safe and non-judgemental interview environment for richness of experience to be shared -Researcher outlines and reflects upon relationship to topic *Limitations* -Limitations not considered -Participants not provided with overview of themes
Spence et al. (2014)	UK	Supervisee self-disclosure: a clinical psychology perspective.	To investigate qualified UK clinical psychology supervisees' use of voluntary self-disclosure in supervision throughout their careers in order to develop a theoretical understanding of supervisees' self-disclosure processes.	Purposive sample 10 Qualified Clinical Psychologists (doctoral level training) Gender: 8 women, 2 Men	Semi-structured Interviews.	CGT (Charmaz, 2006)	A core conceptual category 'Setting the Scene' highlighted the context in which any self-disclosure decisions occurred. The supervisory relationship was a pertinent factor. Participants engaged in a iterative process of synthesising information in order to decide whether or not to self-disclose in supervision. Participants engaged in an evaluative process to assess if self-disclosure had been beneficial. A beneficial outcome was deemed as having little or no negative outcomes for participants whilst having positive implications for their clinical practice, and thus client outcomes.	*Strengths* -Researcher positionality and reflexivity considered. -Participants recruited from variety of sources maximising opportunities for theoretical sampling. *Limitations* -Small sample for CGT questioning data sufficiency -Minimal demographic information provided so not possible to determine diversity of sample -No member checking reported

Authors & Year	Country	Title	Aim	Participants	Data Collection	Data Analysis	Summary of key findings	Strengths and Limitations
Sweeney & Creaner (2014)	Ireland	What's not being said? Recollections of nondisclosure in clinical supervision while in training	To retrospectively examine nondisclosure in individual supervision while in training. To explore reasons for the nondisclosure, the content of nondisclosure and factors that may have facilitated supervisee disclosure. To explore the degree of satisfaction in the supervisory relationship and supervisory style.	Purposive Sample 6 Counselling psychology graduates (two years post-doctoral training). Gender: 3 Males, 3 Females Aged: 28–55	Semi-structured Interviews.	CQR (Hill et al., 1997)	Two groups (good and problematic supervisor relationships) were found who had different experiences of nondisclosure. Nondisclosure was rare in the good group as they felt they could be more transparent. Participants in the problematic group faced challenges in discussing things with their supervisor. Nondisclosures were related to clinical concerns. The level of training and stage of professional development emerged as a general factor influencing why participants in both groups initially chose not to disclose.	**Strengths** -Offers a replication of the Hess study in an Irish context -Outlines reflexivity processes -Consensual nature of analysis improves rigour **Limitations** -Very small sample for CQR -Participant ethnicity not described -Retrospective nature of study may have caused inaccuracy in reporting. -Participants views of analysis not sought -Not clear how consensus was reached
Turner et al. (2022)	UK	"I think it does just open it up and you're not hiding it anymore": Trainee Clinical Psychologists' experiences of self-disclosing mental health difficulties.	To investigate the process of self-disclosure of lived experience of mental health difficulties of trainees, particularly how and why such disclosures occur during clinical psychology training.	Purposive sample 12 Trainee Clinical Psychologists (in doctoral training) Gender: 9 Females, 3 Males Aged 26-37	Semi-structured Interviews.	CGT (Charmaz, 2006)	Disclosure conversations occur within training and these conversations are relational in nature. Several factors emerged which related to why trainees may have been motivated to disclose, and the enablers and barriers that facilitated or hindered disclosure. Lived experience may not be discussed openly on course programmes, which acts as a barrier to disclosure. The disclosure event is described in terms of its features and the responses received which influence each other to guide further disclosure. Disclosure improves integration of personal and professional identities, possibly through reduction of internalised stigma.	**Strengths** -Researcher positionality and reflexivity considered. -Recruitment from doctoral programmes across UK -CGT methodology allows for identification of helpful implications for trainees **Limitations** -Small sample for CGT which may question if data sufficiency was reached -Participant ethnicity not described -No credibility or member checks reported with participants

2.4 Quality Assessment

Quality checking in qualitative research involves the critical appraisal of research studies in terms of their rigour, trustworthiness and value (Fossey et al., 2002). The Critical Appraisal Programme (CASP) qualitative tool checklist was used for this review as it is widely recognised in health-related qualitative research (Long et al., 2020). It is a comprehensive tool for quality assessing research and comprises of 10 items designed to assess the categories of rigour, credibility and relevance considered to essential to trustworthy qualitative research (CASP., 2018). The CASP tool is indorsed by the Cochrane Methods Qualitative and Implementation group and is recommended for novice researchers (Long et al., 2020).

Reflexivity processes were still utilised during quality appraisal to consider the impact my experiences might have on the quality assessments. One paper was co-rated with a doctoral colleague which revealed 90% corroboration. The quality checks for the papers using the CASP tool are summarised in table 5.

Table 5: Results of quality assessment of SLR papers using the CASP tool

Paper	1 Was there a clear statement of the aims of	2 Is a qualitative Methodology appropriate?	3 Was the research design appropriate to address the aims of the research?	4 Was the recruitment strategy appropriate to the aims of the research?	5 Was the data collected in a way that addressed the research issue?	6 Has the relationship between researcher and participants been adequately considered?	7 Have ethical issues been taken into consideration?	8 Was the data analysis sufficiently rigorous?	9 Is there a clear statement of findings?	10 How valuable is the research?
Bottrill et al. (2010)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Identifies self-disclosure as an issue that needs due attention in clinical training within formal teaching and reflective discussions with supervisors.
Hess et al. (2008)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes Suggest that nondisclosure be integrated into models of supervision for discussion between supervisors and supervisees as to how and why nondisclosure occurs and what supervisors and supervisees can do to promote disclosure in supervision.
Jona et al. (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Provides an understanding of experience, decision-making and benefits of trainee self-disclosure within self-reflection CBT groups, and how facilitators can support this.
Magaldi & Trub (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Highlights the importance of providing culturally competence supervision to trainees and encouraging self-reflection on spiritual and religious beliefs in training so that these can be addressed with clients.

Miller & Mcnaught (2018)	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes Identified the CBT model as a helpful framework within which to consider all the nuances and idiosyncrasies, and understand the potential usefulness or harm of TSD.
Reichelt et al. (2009)	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No No implications considered.
Singh-Pillay & Cartwright (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Identifies how trainees make sense of their non-disclosure and their motivations for this, as well as perceived consequences. Suggest supervisors should be aware of power imbalances that contribute to non-disclosure.
Spence et al. (2014)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Identified DClinPsy courses as centres for cultural change in approaches to self-disclosure in clinical psychology to support personal and professional development of trainees.
Sweeney & Creaner (2014)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes Recognises the occurrence of nondisclosure in the supervisory relationship and highlights the importance of this topic to supervisors in order for them to consider how to facilitate disclosure and reflect on their own disclosure.
Turner et al. (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Identifies lack of lived experience disclosure. Provides a framework for trainees, supervisors and training programmes to consider when approaching these conversations.

The majority of studies included in the literature review can be considered to have a moderate to high quality rating for meeting the majority of the CASP tool criteria. They can be considered to uphold standards of credibility, trustworthiness, and rigour. One study by Reichelt et al. (2009) might be considered lower in quality. The study had no descriptions of ethical considerations nor researcher reflexivity. The study's survey data collection method only incorporated three questions pertaining to supervisee non-disclosure, therefore limiting the suitability of this data collection method to the question being addressed. Finally, there was no clear statement of findings nor implications. The decision was made to include the study given the sparsity of relevant literature and for the unique insight it offered into supervisee non-disclosure within a group environment. Reichelt et al. (2009) was the only study to use a survey data collection method as opposed to semi-structured interview which perhaps allowed for more open responses from participants without fear of judgement. Nonetheless, questionnaire-based data limits richness of data that can be collected.

All studies stated clear aims and appropriately selected qualitative methodology to meet these aims. In terms of design, three of the studies (Hess et al., 2008; Reichelt et al., 2009; Sweeney & Creaner, 2014) utilised consensual qualitative research methodology (CQR) developed by Hill et al. (2012, 1997) which was created to explore process factors in psychotherapy. The authors describe the method as ideal for conducting in-depth explorations of the inner experiences of individuals, for topics that have not been studied previously, or for which no measures have been created. Given the rigorous processes involved in CQR, including the use of multiple data judges to examine data and reach a consensus about its meaning, studies using this method were considered to be high in quality. Consensus should be reached by judges collectively discussing their independent ideas until all agree on the best representation of the data (Hill, 2012). One common criticism of CQR is the lack of clarity around how consensus is reached. This is acknowledged as a limitation for these studies illustrated in table 4 and could have been outlined to improve the trustworthiness of the papers.

Purposive sampling was the most popular approach across studies. Sweeney & Creaner (2014) acknowledged recruitment difficulties leading to a small sample not suitable for CQR. Similarly, four other papers had small sample sizes for their respective methodologies (Hess et al., 2008; Miller & McNaught, 2018; Spence et al., 2014; Turner et al., 2022). The grounded theory studies claimed to have reached conceptual saturation with samples of 10 (Spence et al., 2014) and 12 (Turner et al., 2022). Furthermore, Miller & McNaught (2018) recruited via their own social networks potentially leading to bias in the sample. Most studies acknowledged their volunteer samples within their limitations due to the potential bias that might exist from those more willing to speak on self-

disclosure experiences that were perhaps more significant to them. Six papers collected data from trainee Clinical or Counselling Psychologists (Bottrill et al., 2010; Hess et al., 2008; Jona et al., 2022; Reichelt et al., 2009; Singh-Pillay & Cartwright, 2019; Turner et al., 2022) and four qualified Clinical or Counselling Psychologists (Magaldi & Trub, 2018; Miller & McNaught, 2018; Spence et al., 2014; Sweeney & Creaner, 2014). This improved the quality of this review by offering a balanced view of how self-disclosure might develop across the career span. Very few studies reported the ethnicity of their participants. Those that did were formed of predominantly white samples. Therefore, perspectives and experiences of self-disclosure of the global majority are under-represented in this body of literature.

Seven of the 10 researchers in this pool of studies reported to engage reflexively with their data analysis (Bottrill et al., 2010; Jona et al., 2022; Magaldi & Trub, 2018; Singh-Pillay & Cartwright, 2019; Spence et al., 2014; Sweeney & Creaner, 2014; Turner et al., 2022). Bottrill et al. (2010), Singh-Pillay & Cartwright (2019) and Spence et al. (2014) specifically outlined their relationship to the research topic. The former two having been a trainee for whom self-disclosure was a salient issue in training and the latter who has had self-disclosure experiences in supervision. By engaging reflexively with data analysis researchers enhance the rigour of their work.

Only two of the studies described seeking participant views on final categories or themes (Bottrill et al., 2010; Hess et al., 2008) which if not carried out, may lower the quality of literature included in this review. Two studies failed to describe ethical considerations for their research which would be important given the sensitive nature of the research topic (Hess et al., 2008; Reichelt et al., 2009).

All studies apart from Reichelt et al (2009) provided clear statements of findings, useful implications and suggestions for future research. These include highlighting self-disclosure and non-disclosure as a significant topic that needs attention on psychology training and supervision, providing frameworks for lived experience conversations, and for utilising CBT model for the consideration of TSD.

The next section will provide a synthesis of the findings whilst considering the heterogeneity represented in this pool of studies.

2.5 Method of synthesis

A method of thematic synthesis proposed by Thomas & Harden (2008) was used to synthesise the findings of the 10 papers included in the review. Papers were read in their entirety for familiarity. The

results or findings section were then coded line by line. The line-by-line codes were grouped by similarity and difference to form descriptive themes. Finally, the descriptive themes were considered in relation to the question this review sought to answer to develop final analytical themes.

2.6 Thematic synthesis of findings

The thematic synthesis constructed three analytic themes with related sub-themes. These are outlined in table 6 and will be explained in further depth alongside quotations from the papers.

Throughout this section the term 'Psychologists' is used to refer to the participants included in the samples of these papers which included trainee and qualified Clinical and Counselling Psychologists.

Table 6: Summary of themes and sub-themes resulting from thematic-synthesis

Theme	Sub-themes
1 Complex self-disclosure decisions	1A Consequences of self-disclosure
	1B Contextual factors
	1C Responses to self-disclosure
2 Relationship to self-disclosure	2A Having personal boundaries for self-disclosure
	2B Professional cultures
3 The developing therapist	3A Learning from self-disclosure experiences
	3B Being guided by supervisor
	3C Level of experience

2.6.1 Theme 1: Complex self-disclosure decisions

In all studies the experiences of self-disclosure involved making complex disclosure decisions about what to share. This decision-making process occurred throughout training (Bottrill et al., 2010; Turner et al., 2022), within supervision (Hess et al., 2008; Jona et al., 2022; Reichelt et al., 2009; Singh-Pillay & Cartwright, 2019; Spence et al., 2014; Sweeney & Creaner, 2014) and within therapy settings (Magaldi & Trub, 2018; Miller & McNaught, 2018). Feelings of anxiety, discomfort and conflict accompanied the decision. The decision to self-disclose was a conscious, iterative, and reflective process that involved weighing up pros and cons, considering risks, checking in with oneself emotionally, and holding in mind past experiences of self-disclosure.

The complex self-disclosure process and factors that inform this are outlined in sub-themes below.

2.6.1.1 Sub-theme 1A: Consequences of self-disclosure

When making decisions about disclosure Psychologists considered the consequences of disclosure or non-disclosure. Consequences varied dependant on context. In the therapeutic context Psychologists considered consequences of disclosing and over-stepping professional boundaries, or not disclosing and offending the client and/or losing opportunities for developing connection.

> *'I think it is a really difficult balance that we try and tread ... you are trying to get people to feel comfortable enough with you to trust you with things and in normal life that would mean a kind of two-way relationship, you know, a very secure foundation, and I suppose mimicking that a little bit is important because you need to give them the message that they can trust you, and self-disclosure may be quite helpful with that sort of thing. But then you do also have to be quite careful that it's boundaried. Partly because it is not a normal relationship that you are establishing, it's not a two-way relationship and it shouldn't be'* (Bottrill et al., 2010, p.175)

Within the supervision context, Psychologists were aware of the evaluative element which was a deterrent to self-disclosure due to concerns about assessments of their competence and repercussions for their training and/or career (Hess et al., 2008). Another frequently considered consequence were the concerns about how one would be perceived by others after sharing personal information. For example, trainees were concerned about their lived experience being seen as a 'weakness', particularly in relation to wanting to viewed as 'a good trainee':

> *'I think I was so afraid of like, what was too much, and sort of, I do not know like frightening people and people just having this view of she's unsafe, or she needs to deal with some of this stuff before she can do the work'* (Turner et al., 2012, p. 738)

Psychologists showed consideration of who would be impacted by the disclosure (either client or colleague) and wanted to ensure that the disclosure was not just to benefit themselves (Jona et al., 2022; Miller & McNaught, 2018). They did however consider positive consequences for themselves including getting their needs met and feeling connected to peers.

2.6.1.2 Sub-theme 1B: Contextual factors

The context in which a person disclosed influenced their experience and subsequently their decision-making around self-disclosure. The supervision environment played a key role in Psychologists' experiences of self-disclosure as highlighted by five of the papers (Hess et al., 2008; Jona et al., 2022; Reichelt et al., 2009; Singh-Pillay & Cartwright, 2019; Spence et al., 2014; Sweeney & Creaner, 2014).

Decisions to disclose professional and personal issues were supported by good and safe supervisory relationships. Some supervisors explicitly provided space to consider self-disclosure within supervision and wider contexts. Conversely, feeling unsafe and uncomfortable led to non-disclosure (Hess et al., 2008). Such feelings were underpinned by the power imbalances inherent in the supervisory relationship (Singh-Pillay & Cartwright, 2019).

> *It became very hard because I didn't feel particularly comfortable in it [the relationship], so it became very hard to say, 'God, I don't like that client' or 'God, I feel really nervous before I see that client' or whatever it might be. It became really hard because I was always fearing a negative reaction'* (Sweeney & Creaner, 2014, p.217)

The physical environment for supervision, the supervisors busyness and availability, and frequency of sessions also had an impact on self-disclosure (Reichelt et al., 2009; Spence et al., 2014).

Other contexts impacting upon disclosure decisions included those within therapy which required the protection of privacy (i.e., due to the clients presentation or acute inpatient setting) (Bottrill et al., 2010; Miller & McNaught, 2018). In group trainee environments, trainees discussed a process of waiting to see what others would disclose and calculating their disclosures based on the content of what others shared. This could either empowering and inhibiting to disclosure:

> *'I didn't necessarily feel comfortable going there when others weren't... feeling a bit hamstrung with where the group was at because I was looking to go deeper but I didn't feel like I could or it was the right thing to do'* (Jona et al., 2022, p.4)

2.6.1.3 Sub-theme 1C: Responses to disclosure

Psychologists' decisions about and experiences of self-disclosure were further determined by the responses they received from others, whether this be colleagues, supervisors, or clients. Concerns regarding the responses of others were referenced in six papers (Jona et al., 2022; Reichelt, et al., 2009; Singh-Pillay & Cartwright, 2019; Spence et al., 2014; Sweeney & Creaner, 2014; Turner et al., 2022). Responses received to self-disclosure subsequently influenced decisions around making further disclosures in the moment and in the future (Spence et al., 2014; Turner et al., 2022).

Lack of trust in a supervisory relationship created a cycle of non-disclosure. Conversely, feeling supported by a supervisor they could trust to respond was conducive to self-disclosure (Singh-Pillay & Cartwright, 2019; Turner et al., 2022). Responses were described as calm, empathic and containing.

Trainees worried about negative judgment or response from colleagues and supervisors, in addition to offending or alarming the supervisor (Jona, et al., 2022; Reichelt et al., 2009; Spence et al., 2014).

> *'I didn't feel I could be open with her from very early on because she reacted to things I'd say, as If it was, "Oh my God, where are you coming from?' (Spence et al., 2014, p.216).*

2.6.2 Theme 2: Relationship to self-disclosure

All papers highlighted that Psychologists' experiences of self-disclosure were influenced by their relationship to it. This relationship extended from feeling anxious, uncomfortable and avoidant of self-disclosure to embracing self-disclosure as something therapists should engage in to be on a human level with clients or as part of their development (Bottrill et al., 2010; Spence et al., 2014). The relationship with self-disclosure was also influenced by Psychologists' pre-existing theoretical orientations (Magaldi & Trub, 2018; Miller & McNaught, 2018).

2.6.2.1 Sub-theme 2A: Having personal boundaries for disclosure

The above stated feelings of anxiety and discomfort with disclosure often related to personal boundaries a psychologist held in relation to what and how much they should disclose. A theme of having safe and unsafe topics for disclosure was present across studies. Psychologists spoke about having the sense of a personal 'line' with certain information considered too personal for professional settings (Bottrill et al., 2010; Miller & McNaught, 2018).

Within the therapy context the use of challenging, self-involving disclosures and highly personal factual disclosures was regarded as risky. Psychologists considered how emotionally vulnerable they were willing to be with clients. For example, disclosures related to un-resolved aspects of identity were avoided (Magaldi & Trub, 2018). An experience of discomfort after disclosure was linked to believing one had overshared which influenced future decisions around self-disclosure and considerations for the consequences for the therapeutic relationship (Bottrill et al., 2010).

> *I think it was edging on perhaps being too over friendly because I wasn't quite comfortable at times... It is nice to feel as a therapist that you are comfortable with the amount you are disclosing ... perhaps I did give it a tad too much but that is just something I have learned and taken with me*. (Bottrill et al., 2010, p.173)

Similar desires to maintain boundaries between professional and emotional issues were also described within the supervisory relationship (Singh-Pillay & Cartwright, 2019). In a group training context trainees similarly noted that they had safe and unsafe topics in terms of disclosure. The topics that were safe were more superficial in nature compared to those that were unsafe and were more personal or emotional.

'I approached it quite openly and then when I sort of developed this sense or the way I interpreted what was happening that we maybe weren't discussing things that were particularly personal I think then my decision was initially to drawback entirely and to avoid disclosing for some time…as time went on, I think our group tended to keep it in very safe territory like not disclose anything too personal…I took my cues from that and probably self-disclosed a lot less.' (Jona et al., 2022, p.4)

2.6.2.2 Sub-theme 2B: Professional cultures

A Psychologist's relationship to self-disclosure and subsequent experiences of self-disclosure were impacted by the professional cultures that governed their practice in eight papers (Bottrill et al., 2010; Hess et al., 2008; Jona, et al., 2022; Magaldi & Trub, 2018; Reichelt et al., 2009; Singh-Pillay & Cartwright, 2019; Spence et al., 2014; Turner et al., 2022). The papers for which this appeared as a more salient theme referred to the professional context of clinical psychology in the UK (Bottrill et al., 2010; Spence et al., 2014; Turner et al., 2022). An incongruence was described between the professional and scientist-practitioner culture of clinical psychology and reflective and personal values, with a view that CPs do not reflect on themselves enough (Spence et al., 2014).

There wasn't much emphasis on personal, you know, on reflecting [on] how your sort of personal process is affecting your work or your interaction with clients. It was very CBT-based so there wasn't much discussion around transference, or self-reflection wasn't really opened up' (Spence et al., 2014, p.21)

In training, supervision, and therapeutic contexts, both Clinical and Counselling Psychologists described being uncertain of the expectations around self-disclosure, with concerns about violating 'rules'. The lack of clarity around disclosure expectations was related to the treatment of disclosure as a taboo subject (Bottrill et al., 2010; Magaldi & Trub, 2018). Conversely, others described feeling as though it was their professional duty to disclose (Turner et al., 2022).

'We all know that there are widely different values and standards in clinical psychology; some of them are quite contradictory so it's daft just to universally spill the beans with all your supervisors and expect them all to respond as you'd want.' (Spence et al., 2014, p.21)

2.6.3 Theme 3: The developing therapist

In all ten papers, psychologists' accounts reflected developments in their thinking and use of disclosure overtime through clinical experience, supervision, and training experiences. Papers utilising trainee samples (Bottrill et al., 2010; Hess et al., 2008; Jona et al., 2022; Reichelt, et al., 2009; Singh-Pillay & Cartwright, 2019; Turner et al., 2022) and qualified psychologist samples (Magaldi & Trub, 2018; Miller & McNaught, 2018; Spence et al., 2014; Sweeney & Creaner, 2014) help to highlight this as a continuous process which extends throughout the therapists career.

2.6.3.1 Sub-theme 3A: Learning from self-disclosure experiences

Engaging and experimenting with self-disclosure offered several learning experiences. Learning contributed to building of confidence in self-disclosure and developing one's own therapeutic style. Furthermore, Psychologists learned to sit with the uncertainty of self-disclosure and accept there is no right or wrong way to do it.

Experiences of self-disclosure enabled Psychologists to connect with the experience of clients (Bottrill et al., 2010; Jona et al., 2022).

'That experience of deciding whether something is appropriate or not to share and having some anxiety around disclosing I think that's given me more of an insight of the feelings of vulnerability that some clients might have in sharing' (Jona et al., 2022, p. 5)

In order for learning to occur Psychologists highlighted the need for engagement in self-reflection which should occur throughout the career span (Miller & McNaught, 2018; Spence et al., 2014; Sweeney & Creaner, 2014).

'Almost every time I do self-disclose, I think about it afterwards. So, there's a period of, reflection and thinking about do I feel okay about that or not? Would I do it again? If I was to do it again, would I do it in a slightly different way' (Miller & McNaught, 2018, p. 37)

The value of self-disclosure as a learning experience is highlighted in Psychologists' acknowledgement of missed opportunities for self-disclosure and the impact this had on their ability to benefit from experiences and develop. Psychologists were left wondering why they did not disclose and wishing they had. They acknowledged this was sometimes due to thinking they knew better or struggling to embrace the discomfort (Hess et al., 2008; Jona et al., 2022; Singh-Pillay & Cartwright, 2019).

If there's something I haven't disclosed, then I just take it with me and stew in it and it really bugs me, so I can't really enjoy my night. I think it creates a system whereby I feel I can do that. I don't know if it's a good thing to learn. It might get me into trouble one day when I trust my instincts and I shouldn't have. I don't want to get into a pattern of not sharing things I think I should be' (Singh-Pillay & Cartwright, 2018, p.88)

2.6.3.2 Sub-theme 3B: Being guided by a supervisor

Supervision experiences helped Psychologists consider self-disclosure and develop their practical skills. They learned when supervisors were explicit about their own use of self-disclosure and modelled this in supervision, alongside offering Psychologists the opportunity to observe them in their own clinical practice. The level of disclosure in supervision affected how Psychologists viewed and used disclosure in therapy (Bottrill et al., 2010; Hess et al., 2008). Thus, if the supervisor withheld information in supervision, Psychologists adopted this approach in their own session with clients (Singh-Pillay & Cartwright, 2019). The support and guidance around the use of disclosure in supervision was therefore influential in the development of the disclosing psychologist.

[the facilitator] would just pause, and they would almost like zoom out…it was like if this was a group that we were facilitating, now is the time where the facilitator might self-disclose, or she would self-disclose [and say] 'see what I did there, I did this'…[allowing] us to learn about situations where it was appropriate to self-disclose. (Jona et al., 2022, p.5)

2.6.3.3 Sub-theme 3C: Level of experience

Experiences of self-disclosure differed depending on the Psychologists' level of professional experience. Inexperience was linked to self-doubt, uncertainty and the impulsive (and sometimes mistaken) use of self-disclosure (Bottrill et al., 2010; Hess et al., 2008; Turner et al., 2022).

'Ideally I would feel like in a few years when I have mastered it that I would be using disclosure as a therapist, so be taking maybe pieces of information about me, and using them a bit more

strategically. Whereas I guess I feel like it's more of a kind of almost inexperience kind of, my sort of normal responding comes out.' (Bottrill et al., 2010, p.176)

As one's career progressed, self-disclosure within the supervisory context reduced due to the Psychologist's ability to self-monitor (Spence et al., 2014). With experience came the ability to use self-disclosure as a tool. In a therapeutic context, self-disclosure was used an agent of change, to support rapport building and negate power differentials (Bottrill et al., 2010; Magaldi & Trub, 2018; Miller & McNaught, 2018; Spence et al., 2014)

2.7 Implications of the systematic review

The review highlighted implications for the training and practice of Counselling and Clinical Psychologists. It is clear from these ten papers that self-disclosure is an issue that deserves due attention throughout clinical training and the career of Clinical or Counselling Psychologists. The review provides a framework for trainees, supervisors, and training programmes to consider when approaching self-disclosure. Four papers focus specifically on the topic of non-disclosure in supervision (Hess et al., 2008; Reichelt et al., 2009; Singh-Pillay & Cartwright, 2019; Sweeney & Creaner, 2014). Therefore, this review highlights the need for focus on self-disclosure within a supervisory relationship to create a safe opportunity for the Psychologist to develop. The review highlights the benefit of embracing self-disclosure from the Psychologist's perspective in order to learn from these experiences and further develop as a therapist. Finally it highlights a potential cultural change that is required within the CPP in order to be open to self-disclosure conversations and considerations.

2.8 Conclusion and evaluation of the systematic review

Ten peer reviewed papers were included in this review which aims to answer the question '*what does the literature tell us about the self-disclosure experiences of trainee and qualified Clinical and Counselling Psychologists?*'. From the three main themes constructed using a thematic synthesis approach, this review suggests that the self-disclosure experiences of Psychologists are made up of complex self-disclosure decisions. These experiences are influenced by a Psychologist's relationship to self-disclosure and contribute to their development as a therapist.

This systematic review is believed to be the first to explore the self-disclosure experiences of trainee and qualified Counselling and Clinical Psychologists. The strength of this review and the studies included within it is the in-depth exploration of the personal self-disclosure experiences of

Psychologists. The results still must be interpreted with caution given some of the paper's limitations such as small sample sizes and apparent lack of reflexivity.

Much of the research was conducted in countries outside of the UK which likely have different systems of education and health care practice. The review also had to include data from Counselling Psychologists given the sparsity in the research area. Perhaps the sparsity in the research is representative of the professional cultures described within the review within which self-disclosure is a taboo subject. These cultures appear more unique to the CPP and therefore might warrant further investigation using a purely clinical psychology sample once further research is available.

Several gaps in the literature are highlighted by this review. The review demonstrated a lack of qualitative research into self-disclosure from the therapist's perspective as whole. This research was particularly limited for the clinical psychology population. The existing literature predominantly focused on self-disclosure experiences, or lack thereof, in supervision contexts or clinical practice. Very little attention was given to self-disclosure experiences during psychology training. Therefore, there is a lack of knowledge regarding self-disclosure processes and their contribution to the personal and professional development of Psychologists.

2.9 Rationale for the current study

Existing literature into PBL used on DClinPsy programmes is limited with few studies addressing the processes that underpin the PBL experience (Wiggins et al., 2016). The SLR revealed that literature into CPs' experiences of self-disclosure is also limited. Dilemmas around the use of self-disclosure have repeatedly arisen as a theme in existing PBL research, although much of this research focuses on trainee experiences at one DClinPsy programme in the UK. One of the most in-depth explorations of trainee CPs' experiences of PBL calls for further exploration of the dynamic between the personal and professional self for trainees engaging in the PBL process (Conlan, 2013). Given the complex interpersonal and intimate nature of self-disclosure one might argue that such skills are best developed within small-group environments. Given what we know about the aims and nature of PBL, and trainees' experiences within it thus far, PBL might be considered an environment which lends itself well to self-disclosure experiences. Therefore, an exploration of trainees' use of self-disclosure within PBL using a wider sample may provide a unique contribution to the existing PBL literature and contribute to the understanding of self-disclosure within the CPP as a whole.

2.10 Aims and research question

The aim of this research is to explore and identify the processes that underpin TCP's use of self-disclosure within the context of PBL. It is hoped that the exploration and identification of such processes can be used to:

1) Describe the factors that both help and hinder trainees use of self-disclosure within PBL.

2) Describe the extent to which the use of self-disclosure within PBL contributes to the personal and professional development of CPs.

3) Describe the extent to which personal aspects of identity or difference effect the experience of self-disclosure.

4) Increase understanding of the self-disclosure process for facilitators to help them respond to and support the use of self-disclosure within PBL.

5) Increase understanding of the self-disclosure process for new trainee CPs who are about to embark on their PBL journey.

This research will seek to answer the following research question:

How do trainee Clinical Psychologists use PBL as a context for beginning to experiment with self-disclosure?

Chapter 3: Methodology

3.1 Overview

This section describes the chosen design and methodology for this research and the researcher's epistemological position. The rationale for the use of CGT will be outlined. This is followed by a description of participant recruitment, data collection and analysis procedures, as well as ethical considerations. Finally, methods for the quality appraisal of the research are outlined and self-reflexivity is considered in more detail.

3.2 Design

A qualitative design was adopted as it aligns with the exploratory nature of this research. Qualitative research allows for questions to be addressed that do not lend themselves to quantification, for example those about personal experiences (Barker et al., 2002). Qualitative research gives freedom to participants and provides rich data resulting from in-depth exploration (Barker et al., 2002). This rich data is used to explore people's understanding of the world and specific phenomena. Qualitative research can also be used when conducting explorations of a new topic area to develop a theory (Sofaer, 1999). This aligns with the CGT method used for the research which is a preferred method when little is known about a phenomenon (Charmaz, 2014; Glaser, 1992; Glaser & Strauss, 1967; Strauss & Corbin, 1990).

3.2.1 Epistemological stance

As stated in chapter one, the epistemological stance adopted for this research was critical realism (Bhaskar, 2010; Oliver, 2012). This critical realist approach is considered applicable to research which seeks to explore social processes in natural settings (Sturgiss & Clark, 2020; Willig, 2013). The current study aimed to explore how TCPs experiment with self-disclosure within the context of PBL. TCPs' PBL experiences are likely influenced by the actions of others, the context and the social systems in which they sit (i.e. DClinPsy programmes and the wider CPP). The critical realist epistemological position accounts for this in its acknowledgement of a reality that is mediated by language, meaning making and social context (Oliver, 2012).

The epistemological position aligns with the CGT research method chosen for this research, which states that reality is "multiple, processual and constructed" (Charmaz, 2014; p.13). In the adoption of the critical realist position, I do not seek to 'discover' social processes but acknowledge that the participants themselves, as well as myself, play a role in making sense of these experiences and

creating an account of this reality (Sturgiss & Clark, 2020; Willig, 2013). As such, I aim to provide co-constructions of participant experiences which acknowledge the context in which they existed. I also aim to convey participant experiences using language that reflects their contextually located and evolving reality. The CGT method does not seek to remove the influence of the researcher's values, belief and context, but instead encourages the active consideration and reflection on this through processes such as memo writing and journalling (Charmaz, 2014).

3.2.2 Constructivist Grounded Theory

The aim of Grounded Theory (GT) is to construct theories about human behaviour and social processes that are 'grounded' in the data that is gathered (Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1990). Due to this bottom-up approach to theory formation, GT is a research method of choice when researching novel phenomena (Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1990; Willig, 2013).

GT was originally developed by sociologists Glaser and Strauss (1967) in their pursuit of a new method of inductive qualitative inquiry. They held differing ontological and epistemological positions which later led to different conceptualisations of the GT approach. Although developed in a period in which post-positivism dominated research, these earlier or 'traditional' versions of GT are said to take a positivist stance for delineating a rigorous analytic process that was defendable against positivist critics (Charmaz, 2006; Rieger, 2019). Positivists view data as representing facts from an objectively observable world (Mills et al., 2006). Strauss and Corbin (1990) refined some features of the classic GT with later versions of their work moving toward the constructivist realm (Charmaz, 2014). A later version of GT developed by Charmaz (2014) contrasts to the earlier versions by taking a constructivist approach to data analysis. Charmaz's (2014) CGT was based upon her idea that data and theory are not discovered, but constructed in the process of the research and between participant and researcher (Rieger, 2019).

CGT (Charmaz, 2006, 2014) was selected as the most appropriate method for this research project. CGT seeks to create meaning around topics pertinent to specific groups of people (Mills et al., 2006). The topic of self-disclosure is one of much deliberation, variation and controversy in the CPP (Henretty & Levitt, 2010; Knox & Hill, 2003; Lum, 2002; Stricker, 2003; Timm & Blow, 1999). CGT scrutinises the researcher and research process, as well as placing the research in context (Charmaz, 2014). This was essential in the current research given the researcher's insider position (Charmaz, 2014). CGT explores what underpins participant's construction of meaning by considering them contextually. This was also

a reason for selection of this method, to be able to consider PBL and self-disclosure contextually within DClinPsy courses and the wider CPP.

CGT was selected as the method of choice over interpretative phenomenological analysis (IPA), which seeks to explore meaning-making of personal experiences and narrative analysis which explores personal stories of experiences (Barker et al., 2002). A further consideration of alternative methodologies can be found in table 7. CGT was most suited to the current research topic due to the limited existing research into the use of PBL on DClinPsy training courses and self-disclosure of CPs, and due the social nature of this group working activity.

The systematic approach of GT is described as enhancing the rigour of the research, therefore increasing the validity of the theory developed (Hussein et al., 2014). However, a potential limitation of this method, particularly for novice researchers, is the laborious and time consuming data analysis which may obscure the themes that emerge from the data (Myers, 2019). To negate this potential limitation it was important to involve the supervisory and peer supervision teams as secondary coders. Engaging in reflexivity is essential to the CGT method. If not carried out thoroughly a researcher is likely to uncover their own hopes, fears and beliefs, as opposed to the social reality of the phenomenon being studied (Hutchinson, 1993). My engagement with reflexivity in this project is detailed in section 3.6.6.

Table 7: Consideration of alternative data analysis methods

Method	Considerations
Interpretative Phenomenological Analysis (IPA)	IPA examines personal lived experiences (Smith et al., 2022). IPA's intensive analysis of each participant's personal account assesses their meaning making of their experience. It is commonly used in health psychology and as a method to explore phenomenon of existential importance to a person (Smith, 2011). Although allowing for the in-depth exploration of the experiences of trainee Clinical Psychologists in PBL, this method would not have allowed for understanding the social processes involved in self-disclosure.
Narrative Analysis	Narrative analysis uses individual stories of lived experience as the unit of analysis (Riessman, 2001). Narrative inquiry can be considered an appropriate method when a researcher wishes to explore meanings and experiences (Clandinin & Connelly, 2000). Although interesting to explore how trainee Clinical Psychologists construct their stories of self-disclosure experimentation, this would not allow for a theory to be developed from many participant experiences.
Discourse Analysis	Discourse analysis is concerned with the analysis of the use of language (Hodges et al., 2008). It is more contextually based and considers how particular discourses construct versions of our social world (Hodges et al., 2008). Discourse is considered a social practice which felt applicable to the current project given the social nature of problem-based learning (Gill, 2000). However, this project did not seek to explore language use in relation to social process, but instead sought to identify the social processes themselves.
Thematic Analysis	Thematic Analysis is a method used to identify themes across a set of data in order to make sense of shared experiences (Braun & Clarke, 2022). Thematic analysis is a useful method for researchers approaching qualitative analysis for the first time for offering a systematic process. However, the current research wanted to move beyond the identification of themes and common patterns, and toward theory generation.

3.3 Participants

3.3.1 Recruitment

To identify courses that utilise PBL, the researcher consulted the Leeds Clearing House webpage, individual DClinPsy programme webpages and The Group of Trainers in Clinical Psychology (GTiCP) network. Each DClinPsy course was contacted for information about the nature of the PBL they included as part of their programme. Once a list of potential courses was established, courses were contacted to request that they share the study advertisement and information pack (see appendices C, D & E). The study was also advertised on Twitter.

Recruitment was conducted in a step-wise fashion in line with the CGT methodology (Charmaz, 2014). Initially the researcher sought commonality in experiences. Therefore, purposive sampling (Coyne, 1997) was used to recruit participants who were currently training or had qualified from DClinPsy training courses that employed a PBL model that incorporated several elements of the model delineated by Stedmon et al. (2005) (see table 8). Volunteers were selected on a 'first-come first-serve' basis.

Once tentative codes were developed based on the first phase of recruitment, theoretical sampling began to obtain a wider sample with which to explore concepts that had arisen from the preliminary analysis (Charmaz, 2014). Theoretical sampling is carried out with the aim of developing and refining categories, as well as drawing relationships between categories (Charmaz, 2014). Further sampling was guided by the process of memo writing which helps with the abstraction of ideas, capture connections and highlights directions to pursue (Charmaz, 2006) (see section 3.6.4 for a further description of memo writing). Theoretical sampling in the current study involved recruiting participants from more DClinPsy courses, particularly those who made alterations to the PBL methods previously described in participant accounts (i.e., utilising one PBL task or placing trainees in new groups with each new task).

The theoretical sampling process in GT is traditionally carried out until data reaches 'saturation'. A critical consideration of the concept of saturation is discussed in section 3.3.4. Two participants were recruited for member-checking to explore their experiences in relation to the model in order to enhance its credibility and trustworthiness (Carlson, 2010). Two randomly selected existing participants and an expert by experience (EBE) consultant were recontacted to seek their views on the construction of the categories and model.

3.3.2 Inclusion and exclusion criteria

Inclusion and exclusion criteria are used to specify the target population and sample boundaries for a research project (Barker et al., 2002). The establishment of sample boundaries is essential to prevent unwarranted generalisation as well as locating the research in context, which is particularly important for phenomena that might evolve overtime (Robinson, 2014). Transparency around inclusion and exclusion criteria and the resulting sample is essential for repeatability and auditability of the research (Robinson, 2014).

Table 8: Participant inclusion and exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Trainee Clinical Psychologists or qualified Clinical Psychologists, up to two years post-qualification.	Trainees from courses who do not promote self-disclosure in the way that they instruct PBL.
Participants must have taken part in at least one PBL or enquiry-based learning (EBL) task as part of their DClinPsy training.	Trainees from courses that employ tenets of PBL across their teaching modules but not as a specific or 'formal' task/exercise.
A DClinPsy programme employs a version of the PBL model described by Stedmon et al. (2005): 1. A hybrid model of PBL that runs adjacent to academic teaching and placement. 2. The PBL task runs over six to eight weeks and is developed in accordance with the learning outcomes of academic teaching modules. 3. Trainees work in the same PBL groups for each task. 4. The group product is evaluated by presentation. 5. Following completion of the PBL task and presentation, trainees complete an individual piece of reflective work. 6. Staff act as facilitators for some of the PBL sessions.	

CPs who have been qualified for up to two years were included to give access to a wider sample and further protect the confidentiality of participants, whilst ensuring the PBL experience remained recent enough for participants to be able to reflect retrospectively. It also helped to explore if self-disclosure in PBL translated into clinical practice. TCPs who were members of the researcher's training cohort were excluded from the study to protect confidentiality and mitigate potential role conflicts (Lipson, 1984).

3.3.3 The sample

Participant demographic information was collected ahead of the interview using the form presented in Appendix F. A total of 17 participants took part this research project from six DClinPsy training programmes across the UK. Their demographic information is presented in table 9. Year of training and Nationality data are presented separately from the demographic information to protect anonymity. Six participants were in their first year of training, four were in their second year, four were in their third year, and three had recently qualified. Participant Nationalities were predominantly British as well as Greek, Lithuanian, Romanian, and Dutch. Participant pseudonyms are not presented alongside their demographic information to further protect anonymity.

3.3.4 Sample size

Data collection in GT continues until the data is considered to have reached 'theoretical saturation' (Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1990). Saturation is defined as the point when new data does not offer any more theoretical insights into the phenomenon being studied (Charmaz, 2014), as evidenced by repetition and redundancy in the data (Charmaz, 2006). The need for further sampling is therefore determined by the density and breadth of the emerging theory (Breckenridge & Jones, 2009). However, the concept of saturation receives much criticism for its ambiguity and misuse within qualitative research, with the idea of repetition and redundancy problematic due to its impossibility (Breckenridge & Jones, 2009; Low, 2019). The concept of theoretical saturation might also be considered problematic when taking a critical realist stance toward data collection which is accepting of multiple constructions of reality. This makes it difficult to determine when saturation has been reached (Charmaz, 2014; Oliver, 2012).

Consequently, this study adopted an approach to 'theoretical saturation' denoted by Low (2019) who suggests that it should be considered in terms of robustness of the theory. This is determined by the inclusion of descriptions of the 'how's' and 'why's' of a process. A study can also be considered robust if it utilises theoretical sampling, combines concepts into a conceptual model that accounted for much

of the data, and fits this within a social context (Low, 2019). The current study acknowledges that other constructions of the theory are possible in other contexts with other researchers. Employing these ideas, 'theoretical saturation' was considered to be achieved at 15 participants. Two further participants confirmed no new theoretical leads were offered.

Table 9: Participant demographic information

Participant	Age	Gender	Ethnic Group	Area of DClinPsy course
1	26-35	Female	White: English, Welsh, Scottish, Northern Irish or British	Southeast England
2	26-35	Female	Asian or Asian British: Chinese	Southeast England
3	26-35	Female	Any other white background: Greek	Southeast England
4	26-35	Male	White: English, Welsh, Scottish, Northern Irish or British	Southeast England
5	26-35	Female	Mixed or Multiple ethnic groups: White and Black Caribbean	Southeast England
6	16-25	Female	White: English, Welsh, Scottish, Northern Irish or British	Southwest England
7	26-35	Female	Any other White background: Lithuanian	Southwest England
8	26-35	Female	Black or Black British: African	Southeast England
9	26-35	Female	White: English, Welsh, Scottish, Northern Irish or British	Southwest England
10	26-35	Female	White: English, Welsh, Scottish, Northern Irish or British	Southwest England
11	26-35	Male	White: English, Welsh, Scottish, Northern Irish or British	Southwest England
12	26-35	Female	White: English, Welsh, Scottish, Northern Irish or British	North Wales
13	36-45	Female	Any other White background : Romanian	North Wales
14	36-45	Female	White: English, Welsh, Scottish, Northern Irish or British	West Midlands
15	26-35	Female	White: English, Welsh, Scottish, Northern Irish or British	West Midlands
16	26-35	Male	Any other white Background: Cornish	Southeast England
17	26-25	Female	Asian or Asian British: Pakistani	Southeast England

3.4 Ethical considerations

3.4.1 Ethical approval

Ethical approval for the current study was granted by The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. The registration protocol number is LMS/PGR/UH/04974 (Appendix G). This research project was compliant with the BPS Code of Conduct, Ethical Principles and Guidelines (British Psychological Society, 2018).

3.4.2 Informed consent

Initially, a study advertisement and information sheet were sent to participants (Appendices C, D & E). This information sheet outlined the purpose of the study and what it will involve, possible benefits and risks of taking part, how participant confidentiality will be maintained, and how data will be stored. Once participants had volunteered for the study, they were provided with an informed consent form to review, sign and return (Appendix H). Participants were provided the opportunity to ask questions about both the information sheet and consent form. They were given the right to withdraw without reason within two weeks of the interview given the iterative nature of data collection and analysis. Participants were asked to provide their consent for video and audio recording of the interview due to the nature of recordings derived from Zoom. Participants were provided with the option to consent to their transcript being stored indefinitely for secondary analysis by the doctoral staff team at the University of Hertfordshire or for their transcript to be stored for a minimum of five years following examination of the research. Participants were also asked for their consent to be contacted again to give their feedback on the findings.

3.4.3 Confidentiality

The terms of confidentiality were explained to participants in the study information sheet and consent form. Interview recordings, personal data and transcribed interviews were stored securely on the University of Hertfordshire's One Drive. Data was collected and stored in line with the Data Protection Act (2018). All names and personally identifiable information were removed from the transcripts by the researcher. Personal information was stored securely and separately from the transcripts. Participant personal information, the information sheet and consent forms informed participants that in the event of a transcription service being used, the researcher would obtain a signed confidentiality agreement prior providing the transcription service with the recordings. Only audio recordings were sent to the transcription service.

3.4.4 Potential harm or distress

Previous literature highlighted the potentially emotionally intense nature of trainee's PBL experiences (Conlan, 2013; Keville et al., 2010; Nel et al., 2008). Therefore, it was possible that participants would discuss emotionally challenging issues within the interview. To minimise distress participants were offered the right to stop or take breaks during the interview. Participants were informed that they did not have to answer any questions that they did not wish to. The researcher's clinical skills enabled her to manage potential emotional distress. At the end of the interview participants were provided a debriefing sheet (Appendix I). This provided researcher and supervisory team contact details should a need for further support arise, in addition to other relevant support services.

3.5 Data collection

3.5.1 Consultation with experts by experience

An EBE was recruited to consult with the researcher throughout the project. The EBE was a staff member and ex-trainee at the University of Hertfordshire DClinPsy programme. The EBE had taken part in five PBL tasks as part of their training and continues to have awareness and contact with PBL through their position on the DClinPsy programme. It was felt having an EBE who was able to reflect back on their PBL experiences would be beneficial for consultation purposes. The EBE provided feedback on their experience of the interview schedule, throughout coding and on the final model. EBE feedback during coding helped refine codes by establishing avenues which were not directly related to self-disclosure experimentation in PBL specifically.

3.5.2 Interviews

Semi-structured interviews were selected as the most appropriate method for data collection as they allow for an open space from which a participant can share their experiences (Charmaz, 2014). In qualitative research the interview is used as the 'site for the construction of knowledge' in which knowledge is produced by the researcher and participant together (Hand, 2003; Kvale, 1994b). An intensive interviewing technique[3] was applied, as recommended by Charmaz (2006, 2014) to conduct an in-depth exploration of participants own interpretation of their experience. By employing open-ended questions, non-judgemental questions, and thoughtful probes, it was hoped that this would lead to the sharing of unanticipated stories (Thornberg et al., 2014). Interviews were conducted via

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[3] Intensive interviewing refers to eliciting each participant's interpretation of their experience to conduct an in-depth exploration of a topic (Charmaz, 2006). The interviewer asks a participant to reflect on their experience in ways that they might not usually in day-to-day conversation.

an online video-conferencing platform, Zoom, to widen access to potential participants and mitigate risks associated with COVID 19.

3.5.3 Interview guide

Charmaz (2014) states that the goal of CGT interviews is to elicit a participant's interpretation of their experience as the interview takes place. Therefore, the interview questions were designed in an intensive interviewing style which aimed to open an interactional space in which a participant both describes and reflects on experiences. A semi-structured interview guide was constructed based upon existing literature (Conlan, 2013; Keville et al., 2013; Nel et al., 2008, 2017) and a discussion with my supervisory team and EBE consultant. It was supported by a sample of intensive interview questions from Charmaz (2006). Charmaz (2014) states that social processes often unfold in a temporal sequence with beginnings and endings. Therefore, the questions in the interview guide were designed to take participants on a journey through their PBL experiences, spanning from thoughts before they started PBL and encouraging reflections at the end of their journey (thus far). Interview questions focused on participant experiences of PBL; their experiences of group working; their experiences of experimenting with self-disclosure in PBL; and in what ways these experiences impacted on their professional and personal development. The interview schedule is presented Appendix J.

In line with the CGT approach (Charmaz, 2014), the interview schedule evolved over the process of interviewing. This process helped to further explore emerging concepts, explore gaps, and refine categories. For example, the question 'When were you first introduced to the concept of self-disclosure as part of your career in psychology?' was added to further explore emerging ideas of disclosure cultures. The prompt of 'How much choice did you have over your use of self-disclosure?' was used to explore emerging ideas of expectations related to self-disclosure.

3.5.4 Pilot interviews

A pilot interview was conducted with the EBE consultant to test the nature, wording, and ordering of the interview questions. This led to some amendments in the ordering and wording of some of the questions. For example, questions which encouraged polarity in experience (i.e. labelling an experience as good or bad) were removed, and the question regarding participants understanding of PBL was moved to later in the schedule to ease participants into the interview and follow a temporal sequence (Charmaz, 2006). To improve my confidence in qualitative interviewing, as well as piloting the rewording and ordering of the schedule, I conducted another trial interview with a member of my own training cohort. Reflexive journaling played a key role in the development of my interview

schedule, creating awareness of my own biases, and improving my confidence in interviewing (Hand, 2003; Meyer & Willis, 2018). Pilot interviews were not included as part of data analysis.

3.5.5 Interview procedure

Interviews were conducted via Zoom. Interview duration was 1 to 1.5 hours. At the start of the interview, participants were reminded of the purpose of the interview and their right to pause or terminate the interview at any time. Participants were informed they did not have to answer any questions they did not want to. They were also provided with the opportunity to ask the researcher questions. Time was taken to establish a rapport with the use of warm-up questions. At the end of the interview, participants were given the opportunity to share other relevant information that had not been produced by questioning during the interview and were emailed a debriefing sheet (Appendix I).

3.5.6 Transcription

The first eight interviews were transcribed verbatim by the researcher. It is argued that transcribing the interviews allows one to remain close to the data, retain relevant detail and follow how accounts of a participants experiences are conducted (Charmaz, 2014). Interviews were then transcribed using a transcription service. A confidentiality agreement was obtained and can be seen in Appendix K. Transcripts were inputted into NVivo 12 software for analysis.

3.6 Data analysis

3.6.1 Initial coding

Initial coding of the interviews was conducted line-by-line which is referred to as 'fracturing' the data (Charmaz, 2014; Mills et al., 2006). These codes should be gerunds or action codes to keep as close as possible to participant experience and meaning. This allows the researcher to make early inferences about concepts, and to seek meaning in data that goes beyond surface level, for example, values and beliefs held by a participants (Charmaz, 2014). Initial coding for the first six interviews was examined by the research team and TCP colleagues in GT methodology workshops to check the accuracy of the coding. Examples of initial coding can be seen in Appendix L.

3.6.2 Focused coding

Focused coding involves reviewing initial codes to identify those that were frequent in occurrence or salient in meaning. This allows the researcher to code and categorise larger portions of data into more

conceptual codes and categories (Charmaz, 2014). Focused codes move data analysis onto a more analytical level (Charmaz & Thornberg, 2021). They were created for each interview, were used comparatively across interviews, and were continually refined. At this stage these codes began to form into abstract categories and sub-categories which constituted the beginning of theoretical integration summarising key ideas and social processes. Examples of focused coding can be seen in Appendix M1 and M2.

3.6.3 Theoretical coding

The final stage of analysis was theoretical coding. This involves refining categories and sub-categories and specifying the relationships that exist between them (Charmaz, 2014). It involves the incorporation of perspectives imported from outside of the research study (Thornberg & Charmaz, 2014). All interviews were reviewed for the existence of these relationships. Subsequently, theoretical sampling was conducted to explore questions that arose from the theoretical coding process and refine categories (see 3.3.1 for more information on theoretical sampling). This stage of analysis continues until theoretical saturation is reached.

The final model was achieved through a process of diagramming (Charmaz, 2014) which involved the development of conceptual maps that illustrated relationships between categories and where they sit in context (Appendix N1 and N2). Member-checking was crucial to this process. This resulted in the extrapolation of personal context and identity factors from within 'having a disclosure threshold' to its own sub-category. It was felt TCPs practice from within their own personal context which impacts their relationship to self-disclosure, and that this needed to be more explicit. Furthermore, member-checking helped to establish the dynamic relationships between approaches to the task that occurred when 'balancing the PBL task with the PBL process'.

The model is explained later in this report but appeared to offer an abstract understanding of the social processes involved in the use of self-disclosure within PBL.

3.6.4 Memo writing

To navigate the iterative process of CGT data analysis, the researcher engaged in memo writing (Thornberg et al., 2014). Memo writing began after the initial interview and offered the researcher the opportunity to reflect on their ideas, thoughts, and feelings. These reflections supported the development of initial and focused codes. The researcher developed a sense of the frequency and nature of the codes that progressed the data analysis. Subsequently, memos became more analytic in

nature, for example supporting the development of potential categories and links between them (Charmaz & Thornberg, 2021). Therefore, memo writing is described as an essential step in taking analysis to a theoretical level and ensuring the reach of a conceptual understanding of a process as opposed to a description of an experience (Charmaz, 2015). Memo writing was another opportunity for the researcher to engage reflexively with the data analysis (Mills et al., 2006). An example of memo a can be seen in Appendix O.

3.6.5 Quality checking

GT is said to build quality checks into the process of data analysis using focused coding, theoretical sampling and theoretical saturation (Charmaz & Thornberg, 2021). To further ensure the quality of this research, the CASP qualitative checklist (CASP., 2018) that was used to critically appraise papers within the systematic review was also applied to the current study. Results from this assessment are presented in table 11. Full details of the quality appraisal of this research against these quality markers can be found in section 5.5.

3.6.6 Reflexivity

Charmaz (2014, 2017) emphasises the necessity for a researcher to engage reflexively with the research process and data to avoid directing their own biases, values, and preconceived ideas on the data. If knowledge is to be constructed jointly (Kvale, 1994), then a researcher must be aware of personal influence on the data. Reflexivity is described as turning the critical gaze onto the researcher to examine their own biases and positionality and the way that these might affect the research (Koch & Harrington, 1998). The best way to do this within CGT is the use of memo writing which has been discussed in 3.6.4 (Charmaz, 2014). This in turn enhances the rigour of the data by creating an audit trail (Koch & Harrington, 1998). I kept a reflective research journal from the outset of the project (Appendix P). I also examined the context, arenas and worlds in which the research took place to further enhance reflexivity throughout data collection and analysis (Clarke et al., 2015; Mulhall, 1997). The supervisory team were involved at each stage of the data analysis to provide support in examining my position and biases. I shared a reflective piece of writing about my own PBL experience with my supervisory team to aid the triangulation process (Guba, 1981).

Chapter 4: Results

4.1 Overview

This chapter begins by providing an overview of the theoretical model. This is followed by a description of each category and sub-category and the links between them. These descriptions are supported by verbatim quotes from 15 participant interviews. Quotes from the two participants recruited for member-checking are not included. The term PBL was used throughout, even when participants referred to EBL, for the protection of confidentiality.

4.2 Overview of the Constructivist Grounded Theory model

Figure 2 depicts a theoretical understanding of how TCPs use PBL as a context to experiment with self-disclosure. Five categories were co-constructed: 'Navigating an internal disclosure dilemma', 'Having a disclosure culture', 'Training within multiple contexts', 'Balancing the PBL task with the PBL process', and 'Receiving responses to self-disclosure'. These five categories comprise 11 sub-categories (Table 10). Figure 2 depicts the categories and the relationships between them. Details on model development are presented in appendices L, M1 and M2, and N1 and N2.

Table 10: Categories and sub-categories with the CGT model of self-disclosure within PBL

Core Categories	Sub-categories
1 Navigating an internal disclosure dilemma	1A Having a threshold for self-disclosure
	1B Embracing discomfort and vulnerability
	1C Shaping the self-as-therapist
2 Having a disclosure culture	
3 Training within multiple contexts	3A Being impacted by societal events
	3B Bringing one's personal context
	3C Balancing training demands
	3D Feeling 'safe enough' in the group
	3E Navigating blurred boundaries
4 Balancing the PBL task with the PBL process	4A Building relationships and fostering connection
	4B Remaining task-focused
	4C Relating the self to the learning material
5 Receiving responses to self-disclosure	
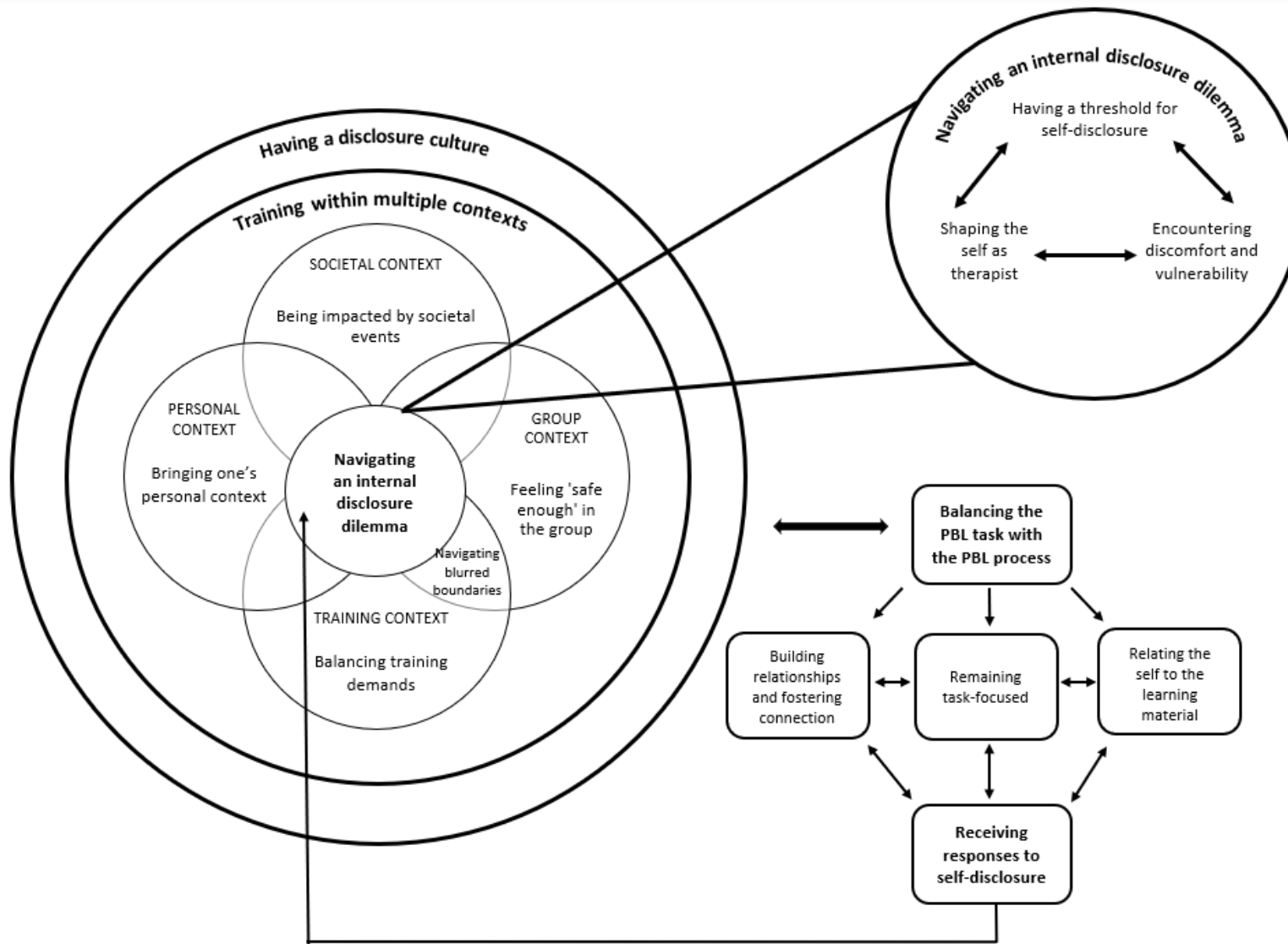
Figure 2: Constructivist Grounded Theory model of self-disclosure within PBL

4.3 Category 1: Navigating an internal disclosure dilemma

TCPs centred navigating an internal disclosure dilemma within their experiences of experimenting with self-disclosure in PBL. As part of this dilemma, TCPs described questioning whether they should self-disclose, or how much of themselves should be shared. The following subcategories were co-constructed to illustrate the processes that occur as part of the dilemma; *having a threshold for self-disclosure*, *encountering discomfort and vulnerability*, and *shaping the self-as-therapist*. As shown in figure 2, participants described the internal disclosure dilemma as a cyclical and reoccurring process, which they moved through as acts of self-disclosure and non-disclosure occurred.

4.3.1 Subcategory 1A: Having a threshold for self-disclosure

Trainees reported varying thresholds related to the content, nature, and depth of self-disclosure. The threshold for self-disclosure was described metaphorically as *'this idea of the line' (James).* The differing thresholds across group members appeared to result in different expectations around self-disclosure within PBL.

In terms of the content of disclosures, trainees described certain topics or elements of their identity that they were more comfortable with sharing (i.e. learning needs and physical health conditions) than others (i.e. lived experience and family histories).

> *I'm used to describing stuff about my physical health I think more than my personality, my mental health, stuff going on like in relationships and that, I find that harder, so it's not quite so black and white as that. (Daisy)*

Trainees described having a choice of self-disclosure which allowed them to be selective and keep elements of themselves private. Elements that were kept private were described as those that were *'too fresh' (Scarlett),* with some choosing to share content that *'isn't distressing or isn't too raw' (James).* Trainees appeared to disclose processed experiences to ensure that they did not become too emotionally vulnerable. There was an acknowledgement that one did not need to disclose every single part of their life.

In my example of not sharing parts of my family in relation to older adults it created a safe space for me to only share with the people that I want, and not put me into a difficult position, in terms of doing something that is not my choice. (Arya)

There were occasions upon which trainees described being a recipient to the self-disclosure of unprocessed experiences from other group members. This appeared to create feelings of discomfort for group members who had high thresholds for disclosure. A distinction was made between disclosures that were more suited to personal therapy and those that are made in a 'professional environment' like PBL.

It didn't work for me. It's not how I operate. I can talk about experiences that I've had but I'm not going to talk about them in a professional setting if they're also roar and unprocessed. (Becky)

Trainees stated that PBL offered a context for them to *'nudge the line' (Becky)* they had pre-established for self-disclosure. This was described as a balancing act between *'taking risks but also doing things that feel comfortable to you' (Emma).* The description of comfort in relation to one's threshold for self-disclosure was a common occurrence across participant accounts. There appeared to be a 'readiness' to self-disclosure which could change over time and in relation to contextual factors (i.e., feeling 'safe enough' in the group). Becky described the disclosure threshold as *'dynamic, rather than a static'.*

I think with hindsight, I don't know if I would have been comfortable at that point, and probably that's the reason why I didn't pick that up [disclosing experience of group dynamics]. *I didn't think about it. I didn't think it's something I'm not saying not worthwhile discussing, but I thought it's something that is personal, so I'll keep it in that area - not bringing it. (Anca)*

4.3.2 Subcategory 1B: Encountering discomfort and vulnerability

The experience of discomfort and vulnerability was reported as a felt sense as a TCP engaged in acts of self-disclosure and non-disclosure.

I mean you know that that kind of heart racing that you feel when you're about to say something and you're like do I want to say this, shall I? You're finding the right moment and you psych yourself up a bit so you're anxious, essentially, you know excited you can't quite tell you know what it is that you're feeling. And then going for it, I guess. (Cleo)

Trainees described a desire for development and growth which encouraged them to embrace the discomfort that accompanied self-disclosure experiences. Vulnerability was described as part and parcel of self-disclosure experimentation in PBL.

> *Weirdly, my advice would be don't not disclose because you don't feel totally comfortable with the group, because actually I think a lot of learning comes from discomfort, a state of uncertainty. (Anna)*

Nonetheless, trainees described the *'emotional dives' (James)* of being vulnerable with self-disclosure. Trainees expressed worries about how they might be perceived by their peers and course team if they were to see *'the true me' (Jayne)*. For example, there were concerns that disclosures about one's identity would result in perceptions of them not belonging on clinical training. Some TCPs appeared unable to tolerate the discomfort and vulnerability and therefore engaged in experiential avoidance, or non-disclosure.

> *…maybe the anxiety there is almost feeling like I'm then going to change, are they going to relate to me then as an 'other', after I [self-disclose] because then I'm no longer then a professional, I'm no longer a fellow trainee, I'm someone who has these physical health difficulties you know, and difficulties in their family. (David)*

Despite his concerns about how he might be perceived after disclosing, David also highlighted the potential benefits of modelling vulnerability in a safe space.

> *…it's a kind of modelling for people just to be vulnerable in some way, or talk about something that's affected them, maybe even something as simple as like the emotional impact of a really difficult session they've just had, and you start to model that and see that people can model vulnerability, and then I think that creates safety with a sort of sense that actually it's OK to be vulnerable, to have difficulties, and to share them, and actually sometimes those difficulties and vulnerabilities can actually be really powerful and motivating –they help shape the work you do.*

4.3.3 Subcategory 1C: Shaping the self-as-therapist

Shaping the self-as-therapist referred to the process of personal and professional development toward becoming a well-rounded professional. This process occurred throughout navigating the

internal disclosure dilemma. Trainees conceptualised PBL as a learning experience as it allowed them to better understand themselves and reflect on motivations behind self-disclosure or non-disclosure. PBL was described as an ideal setting for '*testing water' (Scarlett)* with disclosure, being playful and getting things wrong.

> *I'm allowed to learn from the feedback that I will get, I'm allowed to say something wrong and be corrected or be held accountable for what I did and how I approach something. (Arya)*

PBL appeared to offer trainees a valuable opportunity to think reflexively about the self and in turn how this might inform clinical practice. The development of self-awareness seemed to occur as a result of self-reflection before and after self-disclosure or non-disclosure events.

> *I think personally my lack of talking about when I was feeling frustrated, it was quite useful. It was useful personally and professionally, because it really made me think about like why is that? Like why do I find that particular part of self-disclosure difficult, how does that relate to some of my experiences from my childhood, what comes up for me? (Jessica)*

Trainees stated that PBL enhanced their ability for self-reflection. They described self-reflection occurring as an internal process or externally within reflective accounts. When reflective accounts were employed by a DClinPsy programme, trainees described opting for this as a medium for self-disclosure if this had not been possible within the group environment, perhaps due to group cultures or feeling unsafe. The reflective account seemed to be a crucial element to the shaping of the self-as-therapist.

> *just being more reflective, reflective about when I have a strong reaction to something or perhaps not a strong reaction to something, or like trying to distance myself from something, just think about again what that's about? And then again, whether I want to share that or not share that. I feel like it's just made me a lot more reflective. I think, as a person, and both in my personal life, and as a professional. (Aisha)*

The shaping of self-as-therapist appeared to include a consideration of the kind of therapist, colleague and supervisor trainees wished to be, and how self-disclosure forms a part of this. This process appeared to occur as secondary to experiencing improved confidence in disclosure or, as Anca

describes, '*knowing how to do it'.* Trainees reported progressing to being able to use self-disclosure as a tool in therapy.

> *I think it's supported me to continue to do that, or to continue to think about when it is and isn't helpful. Especially like in teams, on placement, so it's normally something I bring up quite quickly at the start of a placement, so you know, say something like, "What is the kind of process of self-disclosure? What do you do or not do? How does that work?" And have those conversations more up front. I was recently in a CAMHS placement for example, so I had to kind of think about when it is and isn't appropriate, thinking about the power of a child and an adult to self-disclose. (Jayne).*

Trainees also described the improved confidence in self-disclosure as facilitative of self-acceptance and lowering one's threshold for self-disclosure (demonstrated in the cyclical pattern displayed in figure 2).

> *I think whilst I've spoken about some difficulties of disclosing the self and some positives of it, I think ultimately it has given me the confidence of thinking what's the worst that could happen if I was to share some bit of information about my about myself. (James)*

Furthermore, in navigating the internal disclosure dilemma trainees described an opportunity to integrate the personal and professional self. Trainees acknowledged that there is not a definitive line between them as a person and them as professional. In integrating the personal and professional self, trainees reported being able to challenge traditional ideals of what a CP should be and honouring their own lived experience. In sharing their own lived experience of MH difficulties, trainees described being able to *'normalise mental health and to normalise just being a human being' (David).* This appeared to challenge views of Psychologists as 'experts' or 'superhumans'. Trainees described being able to overcome the shame in relation to their lived experience and reframe this as a helpful tool.

> *…sometimes people need to remember that we're all human, it's not us versus people who have difficulties – whether it's mental health, chronic fatigue – you know, whatever it might be, it's not us versus them, and I think self-disclosure is a really, really important part of tearing down that wall for people who do get stuck in that mindset of 'Psychologists or people who experience difficulties' because it's the same thing. (Anna)*

In renouncing the expert position through self-disclosure, trainees described feeling more able to connect to the experience of the client.

> *this is something that we should experience in the sense that we're asking that of our clients, of our patients, of parents, of families. I think it's important to know how it feels if that's what you're going to demand of another. (Cleo)*

Notably, the processes described above were not reported by all participants. Using PBL as a learning experience and a space for experimentation only appeared to be only possible when the group shared an objective for this. Some reported lacking this opportunity and acknowledged the missed opportunities for personal and professional growth, in favour of focusing on the finer details of the task (see section 4.6.2).

> *How would I sum it up? So, from my experience of it, it was a really quite challenging experience, and although we always got it done, we got our feedback and everything, I just felt like I was left with a sense that it was like a missed opportunity – there was a kind of distinct sense of there being lost opportunities to use it in a way where we could really start to develop as practitioners. (David)*

4.4 Category 2: Having a disclosure culture

Trainees described disclosure cultures that all-encompassed the various contexts that PBL was positioned within. These cultures were reported to exist across society, the CPP, DClinPsy training courses and individual PBL groups.

At a societal level participants described narratives of *'you don't air your dirty laundry in public' (Becky),* particularly in relation to the topic of MH as *'people don't really ask, people don't really talk about it' (Daisy).* Trainees stated that these narratives existed as internal biases within themselves that influenced their relationship to self-disclosure.

> *With mental health, you feel like you have maybe some sense of agency over in some way, and this is really strange, because this isn't how I'd think about it for my clients, or for anybody else, other than for myself. I think there's quite a lot of blame for me with my mental health. (Daisy)*

Clinical psychology was described as a *'faceless' (Lucy)* profession which had relinquished the need for the self-disclosure of its members. Tanya stated that '*I think there's a lot of work to do when it comes to sharing our own experiences'* within the profession. The concept of self-disclosure in the CPP was described as a taboo subject, particularly in relation to psychologist's lived experience of MH difficulties. Sharing one's own lived experience of MH difficulties whilst in the expert CP position was described as a culture clash.

> *I don't think that's featured enough within our training, just like what does it mean to personally experience difficulties or distress. However with mental health, we want to we feel comfortable naming that, I think that should be there from the very beginning and almost then not just like "here's a lecture on lived experience", actually no what does what does that mean for you throughout your whole journey. (Tanya)*

The taboo nature of self-disclosure appeared to extend to cultures in NHS services. Trainees stated that their supervisors' own disclosure culture could clash with their own, or open up conversations around the topic of self-disclosure. They reported cultures within NHS teams which could foster self-disclosure with reflective practice, or be avoidant of it. Trainees spoke of treading carefully with self-disclosure in client work to avoid the potential negative impact of this on a client.

> *You know who is the disclosure for? Is it for you, or is it for the people that you're talking to? and that was, rightly or wrongly, that's something I internalised in my AP job that self-disclosures they're not for you. They are for, in that context, primarily the clients you're working with, does it add anything to their understanding. Otherwise it's just trauma dumping in this sense. (Becky)*

Self-disclosure was described as a *'contentious issue on training' (Cleo).* The self-disclosure cultures appeared to vary across the different DClinPsy programmes that were recruited from for this research. The disclosure cultures across training programmes seemed to manifest as expectations around self-disclosure. Trainees described some courses within which self-disclosure was not central part of the programme or PBL. Contrariwise, trainees from other programmes described cultures that *'encourage you to reflect and self-disclose' (Becky).* Examples were offered of the way that teaching was set up to align with the disclosure culture *'we're all kind of like in a semi-circle around the room and a lot of its discussion' (Jessica).* However, some appeared critical of this self-disclosure culture, suggesting that

one should not be expected to enter training and share personal parts of themselves from the outset. Trainees described feeling perplexed about where this expectation had come from.

> *I think that there is a real ethos when you get on to the course, and generally in psychology, that you should sort of share a bit more about yourself. (Emma)*

> *I think my expectation going into training was, I think especially given that we have a small cohort, and I don't know where this expectation has come from, but I think I went in thinking, "Oh we're all going to know, tell like each other's life stories, and all the trauma that we've gone through, and I don't know, all the kind of like ins and outs of each other," um – I don't know where that came from. (Jessica)*

These contrasting disclosure cultures were described within individual group contexts. For some groups, self-disclosure appeared to form part of the group working pattern *'just so part and parcel of it' (Cleo).* Tanya seemed to wonder if the self-disclosure group culture had *'filtered down from somewhere'.* Expectations for self-disclosure at a group level resulted in group members *'asking for bravery' (Becky).* However, not all were on the same page when it came to self-disclosure *'I think this wasn't on people's radar at all' (David).*

4.5 Category 3: Training in multiple contexts

The PBL context was positioned within multiple intersecting contexts which included trainees' personal, wider societal, DClinPsy training and group working contexts. These various contextual factors appeared to influence trainees' experimentation with self-disclosure in PBL. The following subcategories were co-constructed to illustrate the processes that occur within these contexts; *being impacted by societal events, bringing one's personal context, balancing training demands, feeling 'safe enough' in the group, and navigating blurred boundaries.*

4.5.1 Subcategory 3A: Being impacted by societal events

The COVID 19 pandemic appeared to impact the training of CPs in a multitude of ways. Most trainees referenced the online delivery of their teaching programme which meant that they were unable to meet members of their cohort in person. As a result, trainees described welcoming the PBL space to get to know people in a smaller group format, albeit still online. As a result, trainees reported to use self-disclosure as a way to facilitate connection in these smaller group spaces *'half of the sessions were just chatting about our lives and trying to keep building that relationship'. (Arya)*

…so it [PBL] was a really fixed group – it was the only really fixed group that there was, so I feel like it really maybe it accelerated how quickly we kind of got quite close, because that was like our, almost like our representation of the course friendships, was that group because we hadn't had so much of a chance to build friendships with other people. (Daisy)

The online nature of PBL was reported to both hinder and facilitate self-disclosure in terms of proximity and felt connection.

I guess one thing that weirdly probably helped – especially in the first one – was that it was online, so I had that kind of barrier of a screen, and I thought, "Well, it can't hurt me, they are far away – it's fine!" So I think that was a helpful barrier in a way for me to talk. (Jayne)

I think it's difficult to share when you, you know that first PBL – you don't really know these people – you've just started training and it was all online, so the connections we had may have been weaker anyway. (Anna)

Trainees referenced the Black Lives Matter movement following the murder of George Floyd which bought new topics of conversation and debate to PBL. As a result they described feeling pressured to disclose aspects of their own identity that related to this.

I suppose the wider situation, as I said, with George Floyd being murdered, I think that also influenced conversations that were either had or not had and therefore how the group space was and so I think there was definitely something about that time feeling almost expected to talk more about stuff, which felt difficult because didn't necessarily feel able to engage in those conversations at that time. (Tanya)

4.5.2 Subcategory 3B: Bringing one's personal context

Each TCP described bringing their history, experiences, identity and values to training and PBL. These experiences appeared to determine a trainee's relationship to self-disclosure in PBL.

I think the reason I'm interested in this is it kind of relates to some of my own experiences, that's where I kind of see the self-disclosure and the self-reflective stuff comes from, it's my own experience but it influences the way I work and I think about other people's difficulties. (David)

Trainees stated that their previous professional identities (i.e. CBT therapist) also played a role in how much they chose to self-disclose. Some described wanting to avoid dominating the space with their preconceived ideas. Trainees added that their prior experiences of self-disclosure within personal therapy, previous education, reflective practice, supervision, and clinical work helped to prepare them for self-disclosure experimentation and the associated vulnerability in PBL.

> *I feel like there was already perhaps smaller opportunities, maybe in lectures, whether that was specifically the reflective group that we had, or just in lectures as well. I feel like there was definitely some opportunities there where we shared quite a bit. So I feel like I'd experimented with little bits at a time. (Aisha)*

Trainees related their personality to their experimentation with self-disclosure. A frequently described characteristic that facilitated self-disclosure was openness. Other reported characteristics included confidence and directiveness, which was also related to one's culture.

> *I think the other thing is that I am just quite an open human. I'm not really, not in an un-boundaried way, I've never had any problems saying, "I feel anxious today." Or "My anxiety's really up and I don't know why." It's never been that I've shied away from. (Anna)*

Similarly, aspects of trainee's identities including their gender, age, class, nationality, and ethnicity also were described as facilitative of their self-disclosure. For example, being of the same age or gender as other group members was conducive to self-disclosure. Some trainees described physical health conditions and disabilities that they needed to share with the group due to the impact these had on their ability to engage with PBL. Due to the chronicity of these conditions, trainees described being used to having to self-disclose them. There were some aspects of a trainee's personal context they described having no choice but to bring due to its visibility.

> *With the pandemic there are times that the kids generally come and interrupt stuff so you know just by virtue of that you know there's an element of like okay I'm gonna have to explain a little bit about this now. (Tanya)*

Trainees also spoke to feeling more able to disclose due to privileged aspects of their identity, such as their Whiteness.

> *I'm used to people listening to me, which probably comes from being white, from being educated, from dropping my original accent, in order to get people to listen to me more because now sound a bit more middle class. (Becky)*

On the other hand, trainees described engaging in self-disclosure in response to feelings of oppression they experienced in relation to aspects of their identity.

> *When I disclosed in PBL it's made me think is there, this is something that I'm not happy about? Is that being oppressed in some way and do I need to say something? (James)*

Conversely, aspects of one's identity also appeared to prevent them from experimenting with self-disclosure in the PBL space due to the associated feelings of shame. For example, trainees described being conscious of their class and sexuality, as well as feeling different to others due to their cultural background '*I'm the only migrant in the group*' *(Arya)*.

> *It's maybe a sense of like coming from a more working class background, I wonder if there's an element of like because of the context of clinical psychology, you know, you're in a university, doing a doctoral level training, you're kind of in the world of middle classes and so, if you're from a different background, you have a different family history, I'm wondering if there is just a little bit of shame, or like feeling like I don't really belong in this setting because of my background. (David)*

4.5.3 Subcategory 3C: Balancing training demands

Whilst taking part in PBL, trainees described having to balance the demands of the training programme and their personal life. Demands of the training course were described as clinical placements, research projects and course work deadlines. These demands were reported to increase in intensity throughout further years of training. Personal life demands were described as ill-health and bereavement. As a result of these demands, trainees described feeling as though there was no space or time for self-disclosure in PBL. In the limited time they did have, trainees reported to remain focused on meeting task objectives in order to get the task done *'I think people were like, "Let's just get it done. You know, get it out the way"' (Jayne)*.

> *I suppose the emotional baseline that you have to be able to kind of do something a bit scary is harder when you've got maybe more uncertainty and placement. (James)*

Demands were also reported in relation to PBL assessment. PBL assessment methods differed across the different DClinPsy courses that were recruited from for this research. Trainees who were subject to summative assessment procedures[4] reported anxiety due to fears of failure. This appeared to minimise experimentation with self-disclosure in favour of getting the task done to a high standard *'the evaluative element to it, made some things a bit trickier' (Aisha)*

> *There was something around this need, this drive, to make a presentation to present it to everyone else. That task. That, in some way removed the focus from the process. And the fact that was assessed. (Becky)*

Formative assessment[5] reportedly removed anxieties about assessment and as a result allowed more space for reflection *'maybe people felt a little bit more carefree in what we could do' (Tanya).* However, even formative assessment appeared to prevent some trainees from being able to use PBL to learn from the more processed-focused elements '*are we getting a bit too caught up in this as it's just going to be some feedback'* (David).

> *I think as well having the presentation as a formative – so not marked –was quite helpful in that you didn't feel like, you could be a bit more creative. You could use a bit more reflection, and yeah, it just felt a bit kind of better having it not marked. (Anna)*

Trainees also described imposter syndrome as a barrier for self-disclosure. Although, these feelings appeared to reduce with time allowing trainees to be open to new experiences.

> *I was a little bit wary of it [self-disclosure] at the start, and I think that was maybe more to do with like my own imposter syndrome as a trainee coming on in first year. I think I had just convinced myself that I would be working in a group with everyone that knew way more than I did about things. (Daisy)*

4.5.4 Subcategory 3D: Feeling 'safe enough' in the group

Feelings of 'safety' were described as a determinant of trainee's experimentation with self-disclosure in PBL. The term 'safe-enough' is used to describe this category to capture the idiosyncrasy of 'safety'

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[4] Summative assessment procedures refer to formal assessment that occurs upon the completion of the PBL task. The mark for this assessment contributes to the overall assessment of a TCP across the programme.

[5] Formative assessment procedures are used to assess trainee learning and understanding. Informal feedback might be offered to inform further exercises. The feedback or marks do not contribute to the overall assessment of the TCP.

for each individual. 'Safe-enough' acknowledges that safety may never be possible for some due to their personal context, as described by James *'there's never going to be a PBL context that's going to be perfectly safe and containing and the way I want it'.*

Feeling 'safe-enough' in the group appeared to offer a foundation from which trainees felt able to experiment with self-disclosure. Feelings of 'safety' were reportedly established in relation to group dynamics. Trainees stated that sharing similar personality traits, values and objectives to their fellow group members supported the group to 'gel'.

> *When it comes to self-disclosure of more personal experiences, it feels like you kind of need to have that initial connection first… I guess if you didn't feel safe, or didn't know how certain people were going to react, then it might not be as safe for people. (Jessica)*

Trainees described a small-group context with a flat hierarchy as conducive to self-disclosure. Having a *'light-hearted, humorous approach' (Jessica*) was described as helpful in creating feelings of 'safety'. This sense of 'safety' also appeared to give trainees permission to opt for non-disclosure in relation to their own personal threshold.

> *There was the idea of creating a bit of a light atmosphere that was playful that enabled this person to feel part of the like, we call our PBL family. Because it felt playful I think that gave a context for me to kind of think about something that was positive and didn't need to talk about anything traumatising in that. (James)*

Trainees described experiencing togetherness in self-disclosure. In being recipient to disclosures from other group members, trainees described feeling *'impressed, inspired and grateful' (Lucy).* This encouraged them to build on the reflections of others. This was described as particularly helpful in conversations around experiences of social injustice.

> *I know that someone else in my PBL group also had similar experiences, you know someone builds upon your self-disclosure and talks about theirs as well, then you feel like ah okay it feels safer. (Cleo)*

The lack of togetherness in PBL groups was also described as a barrier to self-disclosure experimentation '*that wasn't always the consensus of everyone else, which added to that sense of this*

is a difficult space' (Tanya). Difficult group dynamics and a missing group connection appeared to contribute to a lack of 'safety' in the group. Trainees described PBL as a mirror to the wider cohort dynamics '*PBL is not buffered from cohort dynamics and cohort dynamics are not buffered from PBL dynamics' (Becky).* Feeling unsafe appeared to be accompanied by feelings of distrust, as Becky and Jayne described, there was a *'constant bleeding' (Becky)* of information discussed in PBL settings into the wider cohort '*PBL is not kind of sacred space' (Jayne).* Jayne added that confidentiality terms and boundaries were not established by her course team in relation to PBL. Similarly, Anna added that her course team did not offer a debrief or containment around difficult disclosure experiences in PBL.

> *Our group didn't have a lot of connection in between, it also then felt like another risk to then do that, if that makes sense, like if I was going to have conversations it would have felt easier to have it with people that I felt I knew a little bit better or that we just had a stronger relationship compared to people that I didn't have relationship with, but it had a very different function, it was very PBL focused. (Tanya)*

Some trainees described having *'given up like what's the point' (Cleo)* with self-disclosure as a result of difficult group dynamics. Resolving conflict required a level of self-disclosure which trainees reported to avoid.

> *I know in PBL we kind of view it as a PBL family, if we are a true family I think my idea of a family is that you bring up issues as well as, you bring up conflicts and you resolve the conflict. It's interesting why I'm understanding in that way I'm still not doing that. (James)*

Feelings of 'safety' and resulting disclosure was reported to increase with time as group members got to know each other better '*I think that kind of allowed us to bring ourselves in a bit more' (Aisha).* Forming within group relationship amongst two or three individuals was described as contributary to feelings of 'safety' due to the experience of allyship. The same applied to those who were put into a group with people with whom they had existing connections.

> *I think because we'd had those conversations that were more the, not sort of self-disclosure conversations, but regular conversations about life and talked about the course, and what we felt about things, so, automatically, when something came up, you kind of looked to your person, you knew what they could do, what they didn't want to do, or you could support them…*

> *I think it helped just to support each other in making some self-disclosures and to share skills. (Jayne)*

Not all DClinPsy programmes were reported to employ group facilitators as part of their PBL delivery. However, within those that did, the facilitator was described as crucial in supporting trainees to feel 'safe-enough' to self-disclose.

> *I don't think anyone was particularly anxious about self-disclosure because our facilitator self-disclosed as well. Of course that influenced it and facilitated it too, he self-disclosed and it never felt inappropriate, it was always useful and sometimes even funny. So in that way, it was role modelled to us. (Cleo)*

Trainees described feeling as though disclosures were best made when facilitators were present to help guide and contain these conversations. In some cases, the facilitator was reported to have modelled self-disclosure. Others criticised their facilitators 'hands-off' approach, and described hopes for their facilitator to take a more active role in helping to shift conversations or '*disrupt the space*' *(Arya)*. Trainees on programmes without group facilitators described this as a loss to their PBL experience.

4.5.5 Subcategory 3E: Navigating blurred boundaries

Throughout all trainee accounts a debate existed as to whether PBL should be considered a personal or professional environment. The wider context that PBL sits within and elements of the PBL task itself were described to blur the boundary between PBL being a personal or professional context. This blurred boundary appeared to have inhibiting and conducive effects on self-disclosure experimentation.

Trainees suggested that the personal and professional boundaries in PBL are so easily blurred due to the nature of the task *'is it a learning tool or task, or is it a kind of group therapy, with no leader?' (Becky)*. Becky described PBL as a '*personally informed professional situation*'.

> *I felt maybe a little bit anxious about what to share and what not to share. I find it quite hard to navigate sometimes and this isn't just PBL but on the course in general. The narrative was that it was meant to be like an NHS team, it's meant to be a professional context and then to*

what extent you disclose personal information in that and that's what I felt a bit anxious about - where are the where the lines here. (James)

Furthermore, the blurring of boundaries was also described in relation to the nature of the relationships built in training and within PBL groups. For example, PBL was described as feeling more personal as time progressed and relationships were built. Lucy describes the PBL environment as '*it feels very matey rather than work-y or colleague-y'*. Others likened PBL to a family. These close relationships were described as making self-disclosure feel less like 'self-disclosure' and more like *'just sharing life' (Anca).*

I guess you do still want to kind of maintain that kind of like professional boundary. So, I wouldn't want to say everything about myself, but I think because of the nature of it, it felt like I was able to maybe disclose more about myself compared to if I was working with clients, I think particularly because of like the context we were in where there's [COHORT SIZE] of us – a lot of us have re-located – we don't really know other people in [AREA] - naturally we see each other outside of the course as well, so I think in terms of self-disclosure, it probably felt a lot easier. (Jessica)

There were some trainees who stated that PBL should be kept as a professional environment, with minimal self-disclosure. Others expressed concerns about how much the personal elements were over-taking the professional context of PBL. Becky described a scenario whereby she struggled to know what to do with the disclosure of another group member *'that's not appropriate to address with someone you work with a professional sense'.*

I think all of us, if we would be in a kind of professional environment, you behave in a very different way, but when the boundaries are set differently, you can say different things, and you can be more open, and you're not really treating the task with the same seriousness, which is fair. But I think that was difference it's almost like you feel so comfortable being with those people that you not even treating it as a job or as a work. (Scarlett)

4.6 Category 4: Balancing the PBL task with the PBL process

PBL appeared to offer a unique context for self-disclosure experimentation due to featuring task and process elements in its design. Task-focused elements referred to task objectives (i.e. developing a formulation or treatment plan) and the development of a presentation. The process-focused elements

referred to reflection on group process, which self-disclosure appeared to form a part of. Trainees described having control over how they choose to do the task and approaching the task with their different working styles. Though they reported being on different pages to one another in their approach to the task on occasion. Trainees described 'leaning' into different approaches to the task based on personal and contextual factors. The following subcategories were co-constructed to illustrate the different approaches to the PBL task: *building relationships and fostering connection; remaining task-focused; and relating the self to the learning material.*

4.6.1 Subcategory 4A: Building relationships and fostering connection

Trainees acknowledged the importance of group relationships and how they could '*make or break' (Cleo)* an experience. As a result, they reported to lean into the relational aspect of PBL working as a way to '*solidify and create some connections with my cohort' (Lucy).* Prioritising the relationship was described as '*the secret to making it work' (Arya).* PBL appeared to offer the opportunity to socialise more with peers and get to know them when this was not possible in the traditional lecture format of teaching, or within online teaching spaces. Trainees highlighted the importance of building relationships to facilitate trust and compassion amongst group members for self-disclosure to occur.

> *I liked PBL because, because it felt so light to us. It was just a time to spend together, because in lectures you don't always get that time together. It was like just a small group kind of get to chat, have fun, we always used to bring food when we could meet in person and it was just a fun experience, and we could bring lots of humanness to it. (Aisha)*

A bidirectional relationship appeared to exist between self-disclosure and group connection. Feeling connected appeared to facilitate self-disclosure and self-disclosure was reportedly used to facilitate connection. Trainees described fostering this connection both inside and outside of the PBL space with social activities. Self-disclosure appeared to facilitate connection by supporting the group to gel over shared life experiences and experiences of doing the task.

> *I think, just spending time as a group to build that relationship and spending time outside of the group as well, if possible, wherever possible, just because I believe that it facilitates that, strengthens that relationship, and facilitates trust and stuff. So when you do want to disclose, it feels okay, it feels a lot better. (Aisha)*

When I did disclose my personal values, rather than my professional ones, that always served to kind of gel us a little bit more maybe because we sort of had some shared experiences, shared values with that. (Lucy)

The fostering of connection was described as something that occurred with more time spent in PBL. Notably, some trainees described taking part in just one PBL exercise as part of their training, or changing groups with each task. This was reported to reduce opportunities for connection and contribute to feelings of 'awkwardness'. Consequently, this reduced self-disclosure experimentation.

If we'd had the same people throughout the three years, I'd be really interested to see how those processes would feel. I assume that they would feel more process-y and not task-driven because it changed every time, it was just, "Oh here we are! Thrown into a new group! Let's … let's see what we can do!" (Jayne)

In an attempt to repair relationships to maintain a healthy group working environment, self-disclosure experimentation was described as a technique for conflict resolution *'naming it and not avoiding it' (Arya).* Self-disclosure was also described as key to identifying an atmosphere in the group that needed to be worked through.

I think the most helpful thing was to navigate difficulties so self-disclosure brought solution to the problem, and so in both examples that I shared before, one solution was to understand and evaluate the ways that we work. So what do we need to do better next time and if that happens again, how can we approach it so this person doesn't feel anxious. So, like how can we avoid this situation from happening again. I think that wouldn't have been achieved without self-disclosure. We would have been like tiptoeing around. (Arya)

4.6.2 Subcategory 4B: Remaining task-focused

Trainees described leaning into a task-focused approach in the face of demands inside and outside of PBL. The task-focus was described as working to the task objectives and marking scheme to '*tick off, get it done' (David)* and pass. Trainees reported that the task-focused approach was adopted in later years of training due to increased demands and lower motivation '*we took much more of an approach of let's just get this done, rather than what can we learn from it' (Daisy).* The anxiety that resulted from these various demands, the ambiguity of the task and the evaluative element of PBL were

described as factors that overtook process elements, such as self-disclosure '*I don't think there's ever been like a personal self-disclosure in PBL because it's been very task-focused' (Jayne).*

> *I think it's very easy to get tangled into the pressures and it's something so natural that comes to us when we know we are being evaluated to just go into that mode of performance, and probably forgetting that there is a lot to learn from other sides of this experience. (Anca)*

Reflection on the group process was described in relation to a task-focused approach when this was one of the task objectives. However, when done this was described as a tick box exercise and *'seemed quite superficial' (David).* Another task-focused approach to group process reflections was reported as the necessity to link this to theory '*it needs to be a particular model or a particular framework that we're using to do that – to show that we've been psychologically informed' (Anna).*

> *It would often be, if I'm honest, a last-minute sort of, "Oh shit, we haven't done any group reflections!" Can everyone send three words that would describe how they felt during this PBL? Or can everyone fill in the social graces for the next time we meet?" So, it was often sort of an afterthought, which I found really unusual. (Anna)*

Another reason for self-disclosure experimentation within a task-focused approach was offered for trainees getting their needs met in the face of task demands. Some trainees reported to opt for non-disclosure of their needs in favour of the reflective account in order to press on with the task-focused agenda of the group. Engaging with group process reflections in a structured and task-focused way was perhaps representative of experiential avoidance of the process elements. For example, not feeling 'safe enough' in the group so remaining task focused to avoid having to resolve conflict and explore group dynamics.

> *I think what we did was a nice middle ground. It wasn't asking people to disclose hard parts of their life. It was a structured reflective session which may have made it more containing for people. (Emma)*

Trainees stated that challenging group dynamics lead to the group working independently to one another (i.e., outside of the session and bringing work to the group sessions) as a way of remaining task-focused and whilst avoiding self-disclosure.

If there hadn't been so much conflict in the group, I think it would have been a safer space to do more of that live, psycho-dynamic stuff. Yeah but most of the work was done in our own time as well outside of the group. (Anna)

4.6.3 Subcategory 4C: Relating the self to the learning material

Trainees described using their personal context to connect with the task material. PBL tasks were reported to induce self-disclosure as trainees described sharing personal aspects of themselves as they related to the material. PBL tasks appeared to be set up in a way to encourage reflection by asking questions of trainees such as 'what did it bring up for you?*' 'it really make me think about my own personal life experiences' (Aisha).*

it felt like almost maybe a whole process of self-disclosure because you're kind of talking about what came up for you in the vignette, and what the case study brings up for you, and so you're constantly sort of saying, "Oh well, this grates against my values". (Lucy)

Many trainees described needing a reason to self-disclose '*you're doing it as part of the work' (David).* The function of self-disclosure in this sense was described as aiding the understanding of the vignette by providing further examples from one's own experience to drive the task forward. In many cases the sharing of the self in relation to the task was described as the initial step in approaching the task in the face of uncertainty '*when there's not a lot else to go on you go on what you have yourself' (Cleo).*

The one around children and young people, I think, definitely did [help] because it meant that we were able to think about case material differently in ways that perhaps you wouldn't have done, had I not said anything. So yeah no, I think it helped with engagement and the understanding of systems. (Tanya)

Clinical vignettes almost always appeared to incorporate the social GGRRAAACCEEESSS[6] (Burnham, 2018) of the fictitious client. Trainees described interpreting this as an indication of something that they needed to consider in their work. Although they reported to be unclear if this was '*in relation to the vignette only or in relation to ourselves' (James).*

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[6] The social GGRRAAACCEEESSS are aspects of identity that can be visible and invisible, voiced and unvoiced. The were developed as framework to attend to in therapy and supervision by Burnham and colleagues (2018). The acronym currently refers to gender, geography, race, religion, age, ability, appearance, class, culture, ethnicity, education, employment, sexuality, sexual orientation, and spirituality.

I mean every PBL scenario we had, by the kind of nature of the course I was on, in the work I was doing, was focused on elements of the social graces they're very intertwined. You couldn't really have a PBL in my context, without elements of the social graces (Becky).

In some cases, trainees described choosing to share their own social GGRRAAACCEEESSS when these were shared with a fictious client in a vignette. However, some described the sharing of social GGRRAAACCEEESSS as a difficult or 'triggering' experience.

I think by doing that automatically it left me feeling that I needed to kind of speak about my experience and some of the difficulties that I had experienced with kind of navigating my identity, because the vignette was very much focused on a problem that the person was having. So I suppose a bit of an issue of holding both of those so a positive but also quite fearing that thinking oh god, I really don't want to talk about my experience (James).

Although in some PBL groups, the opportunity to relate the task material back to oneself was described as absent due to group members coming with different expectations to PBL. Trainees wondered if the lack of reflection on the self in relation to the task could be reflective of the developmental level of trainees, given that PBL often occurred so early on in training.

There wasn't this opportunity to relate it back to difference and diversity in ourselves, so what does this mean about us? How might that influence the way we think about the problem, the way we conceptualise it, the approach which we'll kind of lean towards, that just felt like there was no space for that. Or, at least, I really struggled to find the space for it. (David)

Some trainees described choosing to experiment with disclosing their emotional experiences during a task, particularly if the task had evoked an emotional response within them. Another frequently described form of self-disclosure was sharing anxious feelings about the task '*we weren't really sure what to expect, so yeah, all sharing our feelings of anxiety (Jessica)* which appeared to lay the foundations for openness about feelings within the group.

It was quite normalising, yeah just to know like how everyone else is feeling the same. Because, yeah, I feel like getting onto the doctorate I think you kind of think, "Oh everyone knows what they're doing, and everyone's going to be like really confident" (Jessica)

4.7 Category 5: Receiving responses to self-disclosure

Following self-disclosure experimentation within PBL trainees described receiving varying types of responses from their fellow group members. These responses appeared to feedback into the internal disclosure dilemma and influenced future self-disclosure experimentation. Some trainees questioned the expectations around responding to self-disclosure '*what response is expected if people choose to make personal disclosures, what's the responsibility of the facilitator, of the rest of the group? (Becky).* This uncertainty around responding to self-disclosure perhaps underlies the variation in responses discussed below.

Some trainees expressed the need for '*holding and containing' (Anna)* in responses to self-disclosure. Although, they stated this should not fall to the responsibility of the group due to the limitations of their competency and capacity '*it's not their job to hold me together or necessarily to look after me' (Becky).* Some trainees reported to receive no responses to self-disclosure.

> *No one ever sort of said anything so outwardly negative it wasn't that, it was just people not knowing what to say but that's difficult within itself. So in some ways you'd rather know what people are thinking - it can be harder not knowing. (Tanya)*

Others stated that the response they received in the moment did not translate into action (i.e., supporting a group member with additional needs). Notably, this was not the case for all, as reports existed of warm and considerate responses from the group after sharing additional needs.

> *The response was well meant in the moment. But then kind of within a couple of days I'm getting emails asking me where, because I was always in charge of the PowerPoint, where the slides were. It was kind of like it was heard in the moment, but it wasn't held on to. (Becky)*

Trainees described feeling unheard as a result of non-responses to self-disclosure. A similar experience was described when responses were offered, but the nature of the response left the trainee feeling misunderstood '*there's not that kind of that responsive understanding of like oh yeah, I get what you mean' (Scarlett).* In some cases this appeared to be off-putting for further more personal self-disclosures. However, some trainees reported not to feel regretful of having self-disclosed.

God, if I've shared this which is essentially just some additional learning needs and it's been responded to in this way, I won't be bringing in my other experiences, what's the value in that? (Anna)

Cleo described scenarios in which self-disclosure *'didn't land'* or wasn't listened to due to other's emotional investment in the topic. This appeared to be particularly relevant to disclosures made about aspects of one's identity or diversity topics. Trainees described feeling disrespected and dismissed by others' responses to their disclosures. Some responses were described as accusatory. One trainee described feeling resentful for having to justify herself because her group were not open to what she was saying.

That task that we had conflict, where I was talking about my experiences of racism, and I felt somewhat dismissed. I guess I'm of an ethnicity that that you might describe as an invisible minority a bit more, we're not perceived is oppressed by lots of people. (Cleo)

On the contrary to these unhelpful responses to self-disclosure related to one's identity other trainees described feeling respected and valued. They described appreciating not having to speak as the 'token person' (with respect to an identity factor they shared with the topic of discussion). Trainees described responses that made them feel validated and understood as their experiences mirrored one another *'I'm not alone' (Anca).* Trainees stated that this encouraged further disclosures in PBL and beyond *'when you're listened to, you're maybe more likely to try disclosures' (Becky).*

I felt like I was in good hands, and I think felt more assured about disclosing in the future like whether that's in a clinical setting or non-clinical setting in terms of like teams or whatever - perhaps it just made it okay. (Aisha)

4.8 Summary of the theoretical model and social processes

The categories described above represent concepts that are relevant to TCP's experimentation with self-disclosure in PBL. Given the heterogeneity in the identities and attributes of TCPs, DClinPsy programmes and models of PBL, not all of these categories form part of the experiences of every participant who took part in this project. Within each category lie nuances in how self-disclosure experimentation might have differed from trainee to trainee and between DClinPsy courses.

As seen in figure 2 and throughout the descriptions above, relationships existed between each element of the theoretical model. Trainees reported to use the PBL context to navigate an internal

disclosure dilemma. They described this dilemma as beginning with a pre-existing threshold for self-disclosure, which was established in relation to their personal context. Within this internal disclosure dilemma, trainees encountered feelings of discomfort and vulnerability in relation to acts of self-disclosure and non-disclosure. These occurred in relation a number of contextual factors and disclosure cultures. These contextual factors were described as influencing trainees balancing the PBL task with the PBL process. This balancing appeared to require trainees to lean into different ways of approaching the task. When trainees reported to overcome the internal disclosure dilemma in favour of self-disclosure experimentation, their acts of self-disclose elicited responses from their fellow group members. The social processes that occur here influenced future self-disclosure dilemmas. These experiences of navigating the internal disclosure dilemma appeared to influence the shaping of the self-as-therapist.

Chapter 5: Discussion

5.1 Overview

The following chapter begins with a summary of the findings. This is followed by a discussion of the results in relation to existing literature and theory. Next, a critical appraisal of the research project is presented followed by a consideration of clinical and research implications. The chapter ends with a personal reflection on completing this research and offers concluding remarks.

5.2 Summary of findings

This research aimed to explore and identify the processes that underpin TCP's use of self-disclosure within the context of PBL. The aims were developed in light of the small body of research into PBL on the DClinPsy and self-disclosure with the CPP. To address this gap in the literature, a CGT was generated to answer the following research question:

How do trainee Clinical Psychologists use PBL as context to begin to experiment with self-disclosure?

A theoretical model was co-constructed to offer a potential understanding of self-disclosure processes in PBL. The model proposed that trainees use PBL to navigate an internal disclosure dilemma. The disclosure dilemma occurred amongst wider contextual factors and disclosure cultures that PBL was positioned within. This led to acts of self-disclosure and non-disclosure. The unique PBL exercise required trainees to balance the task with process factors. Self-disclosure experimentation occurred in relation to different approaches to the task. Responses to self-disclosure influenced the internal disclosure dilemma for future self-disclosure events. The social processes of self-disclosure in PBL contributed to the personal and professional development of the therapist.

5.3 Relevance of the findings to the literature

Each category will be discussed in relation to theoretical and empirical literature from the introductory chapter and SLR.

5.3.1 Navigating an internal disclosure dilemma

TCPs described an internal disclosure dilemma as central to their experiences of experimenting with self-disclosure in PBL. TCPs explained a process of questioning whether to disclose, as well as questioning the content and depth of disclosures. This internal disclosure dilemma is described within existing PBL literature from a single DClinPsy course in the UK (Conlan, 2013; Keville, 2016; Keville et

al., 2009, 2013; Nel et al., 2008; Valon, 2012). The current study expands on this by identifying the self-disclosure dilemma to be pertinent to the experiences of TCPs engaging in PBL on six DClinPsy programmes across the UK. Similarly, 'complex disclosure decisions' were identified as a theme within the SLR. 'Complex disclosure decisions' were conscious, iterative and reflective processes that involved weighing up the pros and cons of self-disclosure. The presence of this dilemma across the literature in clinical psychology training settings (Bottrill et al., 2010; Turner et al., 2022), within supervision (Hess et al., 2008; Jona et al., 2022; Reichelt et al., 2009; Singh-Pillay & Cartwright, 2019; Spence et al., 2014; Sweeney & Creaner, 2014), within therapy settings (Magaldi & Trub, 2018; Miller & McNaught, 2018) and the PBL context (Conlan, 2013; Valon, 2012), suggests this dilemma prevails throughout the different stages of a Psychologist's career. PBL appears to offer a context for the internal disclosure dilemma to be navigated to initiate the process of shaping the self-as-therapist.

Both the current study and SLR highlight the self-disclosure dilemma to be a reoccurring cyclical process. The cyclical nature of the dilemma in self-disclosure might be likened to the experiential learning cycle (Kolb, 1984). This theory proposes that one must have an active experience, reflect on it, learn from it, and engage in further experiential exercises for learning to occur. TCPs described experimenting with self-disclosure, engaging in self-reflection (either independently or within a reflective account) and learning from the responses received from others, before considering future disclosure experimentation or non-disclosure. This provides evidence for the experiential learning underpinnings of PBL (Biggs, 1999; Savin-Baden, 2000), as well as supporting the aims of PBL (Huey, 2001; Savin-Baden & Major, 2004; Wiggins et al., 2016).

Trainees described shaping the self-as-therapist as a result of both self-disclosure and non-disclosure experimentation. This was a process of personal and professional development as they came to better understand themselves and reflect on motivations behind self-disclosure or non-disclosure. This theme appeared across all 10 SLR papers which described 'The developing therapist' as a process which extends throughout a therapist's career. This further supports the continuous cyclical process of the internal disclosure dilemma in the theoretical model. As suggested by humanistic theories of learning, PBL appears to be able to support the holistic development of an individual (Savin-Baden & Major, 2004). PBL might be considered relevant to the training of CPs for fostering growth in line with continuous professional development goals of the profession (British Psychological Society, 2017). The shaping of the self-as-therapist supports Keville et al's (2013) view of PBL as the interface between the personal and professional self. Navigating the existence of the professional and the personal self

is an essential requirement of CPs as both scientist and reflective practitioners (Belar & Perry, 1992; Schön, 1983). It is therefore something that can be facilitated in the use of PBL in DClinPsy curricula.

Theoretical literature has drawn parallels between PBL and psychotherapy as both support students in understanding themselves (Aronowitsch & Crafoord, 1995; Block, 1996). However, trainees in the current study were critical of the 'pseudo-group therapy' nature of PBL for blurring the boundaries of what they considered to be a 'professional' environment. It is possible this criticism arises from the inexperience of trainees who are not explicitly taught what it means to cross personal and professional boundaries in training (Ruddle & Dilks, 2015). It is perhaps no wonder then that discomfort and vulnerability form part of self-disclosure experiences in PBL. The conflicting emotions when making disclosure decisions due to associated experiences of vulnerability can be likened to those experienced by qualified therapists in practice (Farber, 2006). This provides further evidence of the career-long trajectory of self-disclosure dilemmas.

TCPs within previous PBL literature proposed that the full disclosure of their personal experiences and histories was not necessary to be able to engage in PBL (Keville et al., 2009, 2010, 2013). This was supported by trainees in the current study who described being selective of their disclosure in line with their own threshold. The concept of personal boundaries in relation to self-disclosure is something that transcends contexts and the career span of CPs (Bottrill et al., 2010; Magaldi & Trub, 2018; Miller & McNaught, 2018; Singh-Pillay & Cartwright, 2019). Opposing views and evidence exist around the necessity of self-disclosure experimentation for self-development. It is possible that the self-development described in the present study was the result of self-reflection that occurred alongside disclosure experimentation. This was similar across the SLR which also highlighted the self-reflection process as present across the career span (Miller & McNaught, 2018; Spence et al., 2014; Sweeney & Creaner, 2014).

Throughout practices of self-reflection and self-disclosure, and subsequent integration of the personal and professional self, TCPs described being able to challenge traditional stereotypes of CPs. In honouring and sharing their own lived experience they normalised mental illness amongst Psychologists and renounced the 'expert' and 'superhuman' label attached the role. This supports the disclosure decision model developed by Omarzu et al. (2000) which states that individual disclosure events can impact change at a societal level by creating awareness and reducing stigma in the sharing of lived experience.

The internal disclosure dilemma and the processes that occur within it offers valuable insights into the extent to which the use of self-disclosure within PBL contributes to the personal and professional development of CPs. This is relates to the aims for this research and existing literature which highlights PBL as a developmental experience (Conlan, 2013; Keville et al., 2009, 2010; Nel et al., 2008; Stedmon et al., 2005).

5.3.2 Having a disclosure culture

Trainees described disclosure cultures that existed across society, the CPP, DClinPsy courses and PBL groups. These cultures all-encompassed the various contexts that PBL was positioned within and consequently impacted on self-disclosure experimentation. It has been previously acknowledged that the processes that occur within PBL can be affected by the environment, organisations and disciplines it is employed in (Savin-Baden & Major, 2004). It is perhaps no wonder that PBL in the current study be influenced by the avoidant disclosure cultures that remain across British society and the CPP. This trait might also explain the slight differences in self-disclosure experimentation reported by trainees from the six different DClinPsy courses due to their different ethos. This supports findings of Valon (2012) who found that the underlying philosophy of the DClinPsy programme influenced the PBL experience and trainees' development.

The impact of professional cultures on self-disclosure was also identified as a theme within the SLR. This theme was more pertinent to papers that had a CP sample as opposed to Counselling Psychologist (Bottrill et al., 2010; Spence et al., 2014; Turner et al., 2022). The scientist-practitioner and reflective-practitioner cultures underpinning the CPP are described in existing literature as incongruent to one another (Spence et al., 2014). This was labelled in the present study as a 'culture clash'. It could be argued that the scientist-practitioner model takes precedent over the reflective-practitioner model. As a result, self-disclosure cultures within the profession are minimal, particularly in relation to the disclosure of lived experience (Kemp et al., 2020; Turner et al., 2022). This culture clash is perhaps also responsible for blurred boundaries within PBL. It leaves trainees unsure about experimentation with self-disclosure in PBL or how much of themselves to share.

The research took place at a time of cultural change within the CPP. During this time DClinPsy programmes were undergoing expansion. This was a result of increased Health Education England funding in response to increased work force demands and the NHS long-term plan (Health Education England, 2020; NHS, 2019). The CPP was also required to adjust to the aftermath of the COVID-19 pandemic (British Psychological Society, 2020) as well as respond to calls to decolonise the profession

(Cullen et al., 2020; Pillay, 2017). To adapt to these cultural changes, the CPP is undergoing a process of evolution and attempts to be many different things to achieve the different targets that have resulted from these cultural changes. The multi-faceted nature of the profession means that TCPs join the profession with their own set of goals and expectations that differ amongst peer groups. PBL can be considered a microcosm of the broader profession. This might explain the different expectations around self-disclosure that manifest in PBL and DClinPsy programmes due to these cultures.

With regard to cultures that surround the sharing of lived experience, previous literature has suggested that Psychologists are unlikely to stigmatise others or themselves (Grice et al., 2018). However, the present study and the SLR (Turner et al., 2022) highlights stigma around lived experience of MH difficulties as very much still present within the trainee population. It was not until 2020 that the DCP released a position statement with the aim of normalising the experience of MH difficulties amongst the profession. Perhaps the release of this guidance is the beginning of a cultural shift within the CPP that is reflected in the current findings. There were reports of TCPs' beginning to share their lived experience to challenge CP ideals. Nonetheless, there is still work to do. The identification of the impacts of disclosure cultures that exist in society, the CPP, DClinPsy courses and within groups offers an insight into factors that help and hinder trainees use of self-disclosure within PBL, in line with the aims of this research.

5.3.3 Training in multiple contexts

The findings suggest that PBL cannot exist independently of the context in which it is used. These contexts included trainees' personal, wider societal, DClinPsy training and group working contexts. These contextual factors appeared to influence trainees' experimentation with self-disclosure in PBL.

Feeling 'safe-enough' was described as a determinant of trainee's experimentation with self-disclosure in PBL. Feelings of 'safety' were reportedly established in relation to group dynamics. Block (1996) argues that the group working format and navigation of group dynamics is the most valuable learning opportunity of the PBL methodology. This may be true from a group dynamic perspective; however, the current research contests this statement with respect to self-disclosure specifically. Challenging group dynamics prevented self-disclosure experimentation and consequently the shaping of the self-as-therapist that could occur as a result of this. Similar difficulties are described in existing PBL research where trainees reported difficulties sharing thoughts and feelings due to challenging group dynamics (Keville, 2016; Keville et al., 2009, 2010).

Feeling 'safe-enough' was supported by the presence of a facilitator who could help guide discussions regarding self-disclosure. The absence of a facilitator was experienced as a loss by those trainees on programmes who did not employ facilitation as part of their PBL model. The desire for a facilitator to support self-disclosure experimentation builds upon existing PBL literature with similar findings (Conlan, 2013; Keville et al., 2013). The preference for facilitator modelling of self-disclosure was present across the current study and for supervisors within supervision literature (Bottrill et al., 2010; Hess et al., 2008; Singh-Pillay & Cartwright, 2019). These findings suggest scaffolding is required from a more experienced practitioner to extend a TCP's zone of proximal development with regard to self-disclosure (Vygotsky, 1978). The current study has increased the understanding of the self-disclosure process for facilitators to help them respond to and support the use of self-disclosure within PBL, in line with its aims. However, more research is needed to explore this role in-depth.

Previous literature described a lack of trust in supervisory relationships, therapy relationships and group training relationships to create cycles of non-disclosure (Singh-Pillay & Cartwright, 2019; Turner et al., 2022). Similar ideas arose in the current study in relation to a 'constant bleeding' of content discussed in the PBL group into the wider cohort. Trainees noted that there were no 'rules' or boundaries established in PBL with regard to self-disclosure and the protection of confidentiality. This differed to other reflective group spaces where confidentiality was given priority. This is reflective of PBL sitting between boundaries of an exercise that has a process and reflective focus, and one that is for the development of skills such as the application of psychological theory and formulation. If PBL is to be employed as a reflective exercise, perhaps boundary setting is key to its success and the safety of trainees.

The introductory chapter of this research explored the idea of PBL offering a 'safe-enough' space for minoritized students to take a more active role in learning spaces (Savin-Baden & Major, 2004; Stedmon et al., 2005). The current research provides both supporting and challenging evidence for this. This is reflected in the naming of the sub-category which acknowledges that safety may never be possible for some due to their personal context. The previously acknowledged differences in trainees willingness and abilities for self-disclosure are also present in the current study in the form of bringing one's personal context to self-experimentation in PBL (Keville, 2016; Keville et al., 2009, 2010).

Trainees also described having to balance the demands of the training programme when engaging in PBL. As a result of these demands, trainees described feeling as though there was no space or time for self-disclosure. Demands placed on trainees appeared to make it difficult for them to develop

process skills which does not align with the aims of PBL (Nel et al., 2008). The summative assessment methods were cited as a barrier to self-disclosure due to the added pressures this placed on trainees. Institutions that use PBL as a central pedagogy have been described as typically constructivist in nature. Students are actively encouraged to debate what is privileged as knowledge (Savin-Baden & Major, 2004). However, there are potential problems in combining a constructivist stance with assessment. This raises the question as to whether the use of summative assessment methods are essential to assess a task with group process elements.

5.3.4 Balancing the PBL task with the PBL process

As outlined in the model delineated by Stedmon (2005), PBL incorporates both task and process focused elements into the exercise. Therefore, PBL is able to offer a unique context for self-disclosure to occur in relation to these different elements. In doing so, it goes beyond what could be offered in traditional lecture formats or larger reflective groups where self-disclosure experimentation might feel more difficult.

Trainees described leaning into task and process elements of the exercise based on personal and contextual factors. The deliberate ambiguity of the task appeared to offer trainees control over the way they approached it (Nel et al., 2008). The relating of oneself to task material sometimes appeared as a burden for some trainees if feeling pressured to speak to aspects of their own identity or share 'raw' elements of themselves. Roberts (2005) states that it is easy for one's social identity to become intertwined with self-disclosure, which perhaps explains the involuntary nature of this. Through the use of self-reflection this is something trainees could be aware of and prepare for should vignettes be presented of fictitious clients with similar social GGRRAAACCEEESSS to their own.

The theme of experiential avoidance in response to uncertainty is present across the majority of existing PBL literature (Conlan, 2013; Keville, 2016; Keville et al., 2010; Nel et al., 2008). Experiential avoidance of self-disclosure was present in the current study in response to challenging group dynamics, in the face of too many demands, and in relation to one's threshold for self-disclosure. In previous research exploring trainees' experiences of PBL, Nel et al. (2008) state that avoidance of addressing intragroup conflict and difficult emotional experiences provided trainees with a sense of control within the destabilising experience. Experiential avoidance in the current study perhaps manifested in the form of remaining task focused. As previously discussed, this was mostly driven by competing demands leaving no time for disclosure experimentation. Furthermore, engaging in group process reflections in a structured tick box fashion was perhaps an example of trainees trying to maintain the sense of control identified by Nel et al. (2008). Trainees described needing a reason for

self-disclosure which was typically performed in relation to a task vignette. Needing a reason for disclosure is also prevalent in TSD literature, as therapists consider using self-disclosure as a tool in a therapy (Knox et al., 1997; Simon, 1990). Self-disclosure in the current study did appear to be a goal-directed behaviour performed with the aim of affecting the social environment. There were examples of disclosing one's emotional experience, using self-disclosure to resolve conflict and to facilitate connection. This supports findings by Conlan (2013), Valon (2012), and Jourard's (1971) view of the necessity of self-disclosure for relationship formation. Further functions of self-disclosure included self-expression (of one's own social GGRRAAACCEEESSS linked to the task), social validation, and to aid the understanding of the task. This goal-directed disclosure behaviour supports both the disclosure process model (Chaudoir & Fisher, 2010) and disclosure decision model (Omarzu et al., 2000).

The discussion above offers an understanding of the self-disclosure process for TCPs who are about to embark on their PBL journey, in line with the aims of this project.

5.3.5 Receiving responses to self-disclosure

Following self-disclosure experimentation within the PBL context, trainees described receiving varying types of responses from fellow group members which subsequently impacted on their future internal disclosure dilemmas. Responses to self-disclosure arose as a theme in six of the SLR papers (Jona et al., 2022; Reichelt, et al., 2009; Singh-Pillay & Cartwright, 2019; Spence et al., 2014; Sweeney & Creaner, 2014; Turner et al., 2022). These findings support the view of social processes being key to learning (Stedmon et al., 2005).

Within the disclosure decision model, Omarzu et al. (2000) stated that when making a decision, an individual must factor in the risk of rejection, betrayal and causing discomfort for the listener. Trainees described feeling unheard, misunderstood or dismissed following self-disclosure. These experiences appeared particularly common in relation to disclosures of one's own social GGRRAAACCEEESSS and perhaps need to be considered in relation to the context in which they occur. As previously discussed, the CPP is in a process of change against a backdrop of calls to decolonise (Cullen et al., 2020; Pillay, 2017) and diversify the profession (Atayero & Dodzro, 2021). Not knowing how to respond to self-disclosures of this nature could be reflective of the traditionally white, middle-class and Eurocentric psychological models and ways of practicing within the profession. Therefore, clinical psychology needs to do more to embed the understanding of one's own cultural context into training, as well as support the management of difference between people including educators, TCPs and clients.

5.4 Clinical implications

This research identifies the processes that underpin TCP's use of self-disclosure within PBL and the way that this contributes to the personal and professional development of CPs. As such, the research highlights a number of important clinical implications for different layers of the CPP. Recommendations for TCPs, DClinPsy training programmes and the wider profession are outlined below.

5.4.1 For trainee Clinical Psychologists

This study reveals that self-disclosure experimentation does occur within PBL. The CGT method provides a framework of how TCPs use PBL as a context to begin to experiment with self-disclosure. TCPs currently taking part in PBL, or those who will be taking in the future, can understand the factors that might be central to this process to inform their own PBL practices.

The key information to retain from this research for TCPs is that self-disclosure experimentation in PBL leads to personal and professional development. Trainees should be encouraged to engage in self-disclosure experimentation in pursuit of developmental gains. Such gains include the integration of the personal and professional self to achieve self-acceptance and increase confidence in self-disclosure so they are able to use it as a tool. Further benefits include challenging CP ideals with self-disclosure, which have benefits for the TCP and for wider social change. In embracing self-disclosure, trainees should expect to encounter discomfort and vulnerability but should find a way to balance this within the bounds of their readiness. TCPs are encouraged to use the model to pre-establish their own relationship to self-disclosure and use this to consider if and when it might be helpful for themselves and others.

Self-reflection appeared to be key to the process of shaping the self-as-therapist alongside self-disclosure. TCPs are encouraged to engage in self-reflection throughout their training. This could be accomplished using the trainee's reflective account or personal journal. This may allow TCPs to improve their understanding of their own experiences and subsequently the experiences of their clients.

5.4.2 For doctoral clinical psychology training programmes

Approximately one third of the 30 DClinPsy courses in the UK employ a form of PBL in their curriculum. The present study has shown it to be a useful tool in the training of CPs in more than one DClinPsy course in the UK. Previous studies support this claim in demonstrating PBL's ability to foster clinical,

reasoning, self-reflection, group working and self-disclosing skills (Conlan, 2013; Nel et al., 2008; Stedmon et al., 2005; Valon, 2012). PBL should be utilised on all DClinPsy courses to further enhance the personal and professional development of TCPs and to facilitate the journey through training. PBL methodology should include a reflective writing element post-presentation to allow trainees to disclose, process and reflect on experiences, particularly if this did not feel possible to do explicitly in the group.

DClinPsy programmes might wish to reflect on and name how their course culture influences the way that PBL is delivered. For example, is PBL a space to bring the self and reflect or is it a space for developing clinical skills in relation to linking theory to practice and formulating - can it both? Managing trainees' expectations around this is important. If both methods are preferred, courses need to give due consideration to the assessment techniques they employ. Given the pressures already experienced by trainees from a multitude of demands, it would be reasonable to suggest that PBL be assessed formatively to ease such pressures and enable trainees to better utilise the space for self-disclosure experimentation to aid personal and professional development.

If a facilitator is employed within groups it is crucial they create a 'safe-enough' space for self-disclosure. It may be important for courses that do not employ facilitators as part of their PBL provision to do so if they wish to prioritise the process element of the exercise. Existing facilitators should consider taking a more active role in PBL groups with difficult dynamics to help create a 'safe-enough space'. Facilitators could also consider responding to self-disclosure and modelling self-disclosure to trainees. Education on how to respond to self-disclosure could be beneficial not only for facilitators, but trainees too. This feels particularly relevant for disclosures of social GGRRAAACCEEESSS. This teaching should be accompanied by sessions that support an understanding of one's own cultural context.

Courses should be mindful of the idiosyncratic nature of 'safety' for trainees in PBL. Difficult group experiences will impact on a trainee's ability to utilise PBL as a learning environment. Therefore, trainees should be permitted to move to another group if feeling 'unsafe' so that they may benefit from the personal and professional development resulting from self-disclosure experimentation. Reducing discomfort and increasing 'safety' and trust within groups might be achieved by ensuring groups establish rules and expectations with respect to self-disclosure and confidentiality. DClinPsy courses that require TCPs to change groups with each PBL exercise may wish to employ a model of PBL in which TCPs remain in the same groups. This may foster feelings of 'safety' and connection so

self-disclosure can occur. Finally, PBL is not sheltered from wider societal events and politics. Due attention should be given to the context when deciding on PBL exercises (i.e. designing vignettes) given a task's ability to induce self-disclosure. It is important that trainees experience self-disclosure as an active decision as opposed to an expectation in relation to a task vignette.

5.4.3 For the clinical psychology profession

The professional culture within clinical psychology conflicts with the acts of self-disclosure of its members. The profession's position on self-disclosure throughout training, in supervision and in clinical practice remains unclear and perhaps underpins the dilemmas in self-disclosure described in this study. A culture change in the CPP is needed to shift self-disclosure from a taboo subject to one that embraces this as part of the everyday practice of a CP. This feels particularly pertinent to the topic of lived experience. Despite, the single position statement by the BPS (Kemp et al., 2020), further thought and systematic guidance is required from regulatory bodies around the evolving role of the CP and how self-disclosure fits into this (Ruddle & Dilks, 2015).

Regulatory bodies, such as the BPS, who develop accreditation standards for DClinPsy courses might acknowledge the value of PBL within the training of CPs. Traditionally, DClinPsy training has prioritised lecture-based teaching on the specific factors in therapy (i.e. psychological models, assessment and interventions). It might be argued that common factors such as the use of self-disclosure are given little attention. As the profession evolves, incorporating teaching in non-traditional formats, such as PBL, could be a way to enhance the development of the next generation of Psychologists. PBL might be considered a more efficient way to train CPs due to the embedding of several essential clinical skills. This would be in line with the NHS long term (2019) plan of increasing access to psychological therapies in the training of more CPs.

5.5 Evaluation of the research

The research has a number of strengths and limitations due to the context in which it was carried out. Throughout the process the researcher has both acknowledged and considered her insider-researcher position and the impact this had on the research process and analysis. Researcher neutrality is not possible in CGT utilising a critical realist epistemological stance. In order to enhance the rigour of this study, it quality was assessed using the CASP tool (table 11). These criteria are considered through the below listed strengths and limitations.

5.5.1 Strengths

This research could be considered relevant and timely with respect to change in the profession toward sharing and valuing lived experience (Kemp et al., 2020), and in light of imminent changes to DClinPsy course accreditation criteria (BPS, 2023). The dissemination of this research might serve to inform practices across TCPs, CPs, DClinPsy courses and regulatory bodies. Further strengths of this research are outlined in Table 5 in relation to the CASP (2018) criteria. The study meets all criteria of the CASP tool quality assessment tool.

5.5.2 Limitations

Despite meeting all criteria outlined in the CASP tool (2018), this study is not without limitations. The sample characteristics constitute a limitation as well as a strength to this study. The views of participants are only gathered from six DClinPsy courses. It is thought that approximately one third of courses employ PBL as a method of learning as part of their curriculum. Therefore, there may be many different experiences of experimenting with self-disclosure that have been missed from this model. There was a heavier weighting of participants from one DClinPsy programme (N = 8) which might bias the results due to differences in course ethos and disclosure cultures. A further limitation of the sample included the predominantly female participants and the predominately white participants. The resulting lack of diversity potentially limited the experiences and perspectives captured. However, unfortunately this may be representative of the current clinical psychology workforce (York, 2019). While a robust theory was achieved, a larger more diverse sample may have revealed further social processes not captured in the model.

TCPs and CPs were required to volunteer as participants in this study. It is likely those participants had an interest in self-disclosure or had particularly salient experiences in self-disclosure which could have caused a self-selecting bias. In terms of recruitment, the research advert did not explicitly mention non-disclosure experiences. This may have discouraged participation from those who felt their non-disclosure experiences were not relevant. The term self-disclosure and the associated negative connotations could have deterred those with positive or unremarkable self-disclosure experiences. The self-report data provided by these interviews may also be subjective to bias and error, for example some participants described struggling to recall self-disclosure experiences.

An additional limitation of this research is the use of a EBE consultant from the same DClinPsy programme as the researcher (University of Hertfordshire). A consequence of this could have been the overrepresentation of experiences from one approach to PBL that was aligned with a particular

course ethos in the final conceptual model. However, this bias was potentially counteracted by member checking with trainees from different DClinPsy courses. Nonetheless, recruiting more EBEs from courses who utilised different PBL models and who were in different stages of their PBL journeys could have reduced the potential bias in the perspectives offered.

Table 11: Quality assessment of current study using the CASP (2018) tool

Quality Criteria	Assessment Yes, No, Cannot Tell	Evidence
1. Is there a clear statement of the aims of the research?	Yes	The aim of this research was to explore and identify the processes that underpin TCP's use of self-disclosure within the context of PBL. The further aims and research question are clearly stated in chapter 2.
2. Is a qualitative methodology appropriate?	Yes	A qualitative design was adopted as it aligned with the exploratory nature of this research project. It provided rich and complex data related to a trainee's personal experience. It allowed for the development of a theory in a new topic area.
3. Was the research design appropriate to address the aims of the research?	Yes	Existing literature into PBL used on DClinPsy programmes was limited with few studies addressing the processes that underpin the PBL experience. The SLR revealed that literature into Clinical Psychologists' experiences of self-disclosure is also limited. A qualitative methodology allowed this research gap to be addressed. The CGT method was selected due to the limited existing research into the use of PBL on DClinPsy training courses, and due the social nature of this group working activity.
4. Was the recruitment strategy appropriate to the aims of the research?	Yes	A purposive sampling strategy was employed to recruit TCPs and qualified CPs (up to 2 years post-qualification) across six DClinPsy courses across the UK. Theoretical sampling was used to find TCP and qualified CPs from training programmes who use different models of

		PBL, check the relevance of the findings, enrich the researchers understanding, and further define the properties of emerging categories (Charmaz, 2014). This resulted in a sample size of 17 participants which can be considered sufficiently large for a grounded theory study allowing for the development of a robust theory (Low, 2019).
5. Was the data collected in a way that addressed the research issue?	Yes	Semi-structured interviews conducted via an online video conferencing platform (Zoom) were selected as the most appropriate method for data collection as they allow for an open space from which a participant can share their experiences.
6. Has the relationship between the researcher and participants been adequately considered?	Yes	The researchers positionality, epistemological position and insider-researcher status were outlined at the beginning of the research and considered throughout. Attending to the insider status of the researcher also enhances data quality. Conducting the interviews as a TCP who had also undertaken PBL came with strengths and limitations (see section 1.3.2). Reflexivity processes throughout data collection and analysis have been outlined. These included coding jointly with the supervisory team, keeping a reflective research diary and memo writing. An audit trail of the analysis is included in appendices L, M1 and M2, and N1 and N2 for transparency.
7. Have ethical issues been taken into consideration?	Yes	The project received approval by University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (Protocol Number: LMS/PGR/UH/04974). The research

		maintained high levels of ethical standards. Ethical issues were considered throughout and procedures specific to ethics are outlined in Chapter 3.
8. Was the data analysis sufficiently rigorous?	Yes	The data collection and analysis procedures were rigorous due to the use of CGT (Charmaz, 2014). The inclusion of constant comparison, memo writing and theoretical sampling into the method allows for the development of a robust model that is grounded in the experiences of participants. Member-checking procedures as well as regular consultation with the supervisory team and EBE further enhanced the trustworthiness of the final model. Data analysis steps are outlined in Chapter 3.
9. Is there a clear statement of findings?	Yes	The findings of this study are outlined at the beginning of Chapter 5 in answer to the research question.
10. How valuable is this research?	Yes	The current study extends the existing knowledge base of PBL utilised on DClinPsy courses, as well as making a significant contribution to the limited literature on self-disclosure within the CPP. This research extends the existing PBL literature beyond that focused on one DClinPsy programme. The findings have helpful implications for TCPs, DClinPsy courses and the wider profession for facilitating self-disclosure as part of personal and professional development of Clinical Psychologists.

5.6 Future research

The CGT method posits that research is an ongoing process within which findings can vary in line with systemic change, time and with different researchers (Charmaz, 2014). Therefore, research into self-disclosure within clinical psychology should be ongoing given the impact of contextual factors on this process that also evolve and change. Replicating this study with a more diverse sample would likely expand the understanding of self-disclosure experiences within PBL.

The evidence in favour of a facilitator supporting self-disclosure experimentation highlights the need for more understanding of this role. This could be done from the perspective of trainees as well as facilitators themselves, across PBL and other reflective group spaces. A more detailed exploration of self-disclosure across other areas of clinical training (i.e., group reflective practice, lectures, and supervision) could also be beneficial to support the understanding of this process across contexts. This research could be done from alternative methodological perspectives, such as IPA or narrative approaches, to obtain richer descriptions of experience.

The current sample only included three qualified CPs reflecting back on their PBL experiences. This position perhaps offered them emotional distance from self-disclosure experiences in PBL following time to process them. Further research might be warranted on self-disclosure specifically on qualified CPs with a particular focus on their professional and personal development and how this is used across their clinical and non-clinical practice.

5.7 Dissemination

This study makes a unique contribution to the limited evidence base on both PBL utilised in clinical psychology training and self-disclosure within the CPP. It is therefore important that this research is disseminated in order for the recommendations discussed in section 5.4 to be implemented by relevant groups (i.e. TCPs, DClinPsy training programmes and the wider profession). The aim is for this research to be published in a journal relevant to clinical psychology training, for example Psychology Training and Education, Reflective Practice and Psychology Learning and Teaching, to reach the target audience. In addition, the Group of Trainers in Clinical Psychology (CTiCP), which is a BPS associated network for psychologists involved in delivering training programmes in clinical psychology across the UK, host their annual general meeting in November 2023. Given the expected audience of lecturers and leaders from DClinPsy programmes, this forum offers an excellent opportunity for the dissemination of this research to those who have the ability to implement learning from these findings.

5.8 Personal reflections

I began this research project as an insider-researcher going through my personal PBL journey and experiencing my own internal disclosure dilemma. I possessed the same high threshold, discomfort and uncertainty around self-disclosure as described by many of my participants. Whilst reflecting on the interviews with my supervisory team, I became aware of my increased interest when participants' accounts mirrored my own experiences. This is where reflexivity processes were particularly important. Engaging in self-reflection throughout this research and as my own PBL experience came to an end also helped me to go on my own journey with self-disclosure. The early position of avoidance and discomfort with self-disclosure moved toward an embracing of self-disclosure as something that has been crucial to my own personal and professional development. This allows me to embrace being a clinician who is comfortable in sharing aspects of herself to promote change in therapy, facilitate connection and bring humanness to the role. I am grateful to the enriching participant accounts for helping me to realise this.

The process of CGT was overwhelming and tedious. These feelings were particularly prevalent when creating the model and wanting to do the rich and varying viewpoints justice with what I had created. The support of my supervisory team, peers and member-checking led me to believe I achieved this. The research has offered me a way to maintain my curiosity related to the concept of self-disclosure and share this with others in the clinical teams in which I work.

5.9 Conclusion

This research offers a unique understanding of the processes that underpin TCPs' experimentation with self-disclosure in PBL. It has highlighted self-disclosure in PBL to be a dilemma that one must navigate in relation to multiple intersecting contextual factors and disclosure cultures. It has shown contextual factors to be a key feature in self-disclosure experimentation. Furthermore, it has revealed PBL as a unique context for self-disclosure and non-disclosure to occur in relation to task and process focused elements of the exercise. Although the navigation of an internal disclosure dilemma may be accompanied by discomfort and vulnerability, this process contributes to the shaping of the self-as-therapist and consequently should be embraced as a means of personal and professional development. Self-disclosure appears to be pertinent feature within the career of a CP, starting at a small-group working level in training. Therefore, the findings offer important practical implications for TCPs about to embark on their initial PBL or self-disclosure experimentation journeys. The findings also highlight significant considerations for DClinPsy training programmes and the CPP to support and facilitate the self-disclosure of TCPs and qualified CPs.

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Appendices

Appendix A – Reflective extract summarising my PBL experiences

In order to share my PBL experience with you, I will take you on my journey from the very first PBL task to my most recent. Throughout this time, my experiences of PBL have changed vastly, from that initial sense of dread I encountered at the introductory lecture, to finally feeling at home on the course within the arms of my PBL group. In order to write this short reflective piece I have reviewed my past reflective accounts and process notes. What I observed was my growing confidence and maturity that has been fostered by my engagement with this method of learning.

In my first reflective account, titled '*Deep Sea Diving Toward a Safe Uncertainty',* I likened my PBL experience to that of a fish out of water. The nature of PBL tasks required a step away from my habitual pragmatic learning style in order to solve, what felt like at the time, a very abstract problem. This coupled with tenuous relationships in the group had me navigating a position of unsafe uncertainty (Mason, 1993). I found myself questioning how PBL would contribute to my professional development. I note that my discomfort with self-disclosure in this forum has been with me from the outset. This was managed earlier on by adopting roles that enabled me to fall silent and hide behind a laptop to avoid having to share. Interestingly, for our first presentation we opted for a very personal approach to answering our question. My PBL experience was in some ways enhanced by this choice due the resulting increase in group cohesion. However, I also acknowledged the feelings of regret at having 'over-shared' very personal parts of myself with the rest of the cohort.

Our group cohesiveness nurtured my new-found sense of confidence for the second PBL task. My reflective account title reflected this - '*Trusting the PBL process: a process of self- exploration and self-acceptance'*. I approached the second task with a sense of safe uncertainty (Mason, 1993) that had resulted from the relational risk taking we had previously engaged in when exploring our intersecting identities. This task offered a great learning opportunity to improve my CBT knowledge and I began to consider my peers as my most valuable source of knowledge (Savin-Baden & Major, 2004). This highlighted to me the true value of PBL and was a real turning point in my attitude toward it. I had learned to 'trust the process' of PBL, which, at times, felt chaotic and lacking in direction, but ultimately allowed for meaningful discussions to take place. I enjoyed time spent in my PBL bubble. Yalom (1995) lists group cohesiveness and the resulting warmth and comfort as one of the curative processes in group therapy. Belonging to my PBL group felt curative to me from the anxieties that arise during training.

Upon commencement of the third PBL task I was able to acknowledge my personal growth that had been supported by my engagement with the PBL process. I was able to engage with the task critically, experiment with new ways of relating to others and also with self-disclosure, which eventually became central to my PBL experience for this task. This is captured in the title of my third reflective account '*Navigating 'stuckness': Should ourselves be kept to ourselves*?'. In order the navigate 'stuckness' with the systemic nature of the task, my group members opted for self-disclosure about our experiences of older people in our lives with the hope of providing context and clarity to the task. These were highly emotive conversations that I struggled with. The distressing nature of these initial sessions led me to question if the self-disclosure had been worth it? Who did it benefit? What was its purpose? (Tomm, 1988).

My PBL experience so far has; offered me a sense of belonging; improved my confidence; increased my therapeutic knowledge; and created a safe space to experiment with self-disclosure. Yet, my own relationship with self-disclosure in PBL remains dubious. My disclosure dilemma prevails. How much is too much? How little is too little? These are questions I hope to explore further with my MRP.

Appendix B: Eliminated Search Terms SLR

Term	Reason for elimination
"Self disclos*" from concept 2	The un-hyphenated version of this term yielded the same numbers of results in all databases.
(Clinical AND psycholog*) from concept 2	Yielded too many results that fell beyond the limits of this research. I note that this bought up papers not specifically related to the profession, most likely related to the term 'clinical' picking up any papers published in a clinical psychology journal as the searches we conducted of 'all fields'.
Therapist*	Yielded too many results that fell beyond the limits of this research.
Psychotherapist*	Yielded too many results.
Self AND disclos*	Yielded too many irrelevant results.
Sharing AND Self	Yielded too many irrelevant results.

Appendix C: Study Advertisement

University of Hertfordshire UH Ethics Committee

Hello,

Please see the below research advertisement.

I am a second-year clinical psychology trainee at the University of Hertfordshire. I am looking to recruit trainee Clinical Psychologists and qualified Clinical Psychologists (up to two years post qualification) who have taken part in a problem-based learning (PBL) task as part of their clinical psychology training. For my thesis, I am hoping to explore how trainee Clinical Psychologists use problem-based learning as a context to begin to experiment with self-disclosure.

Should you wish to take part in this research you will be required to:

- Take part in a video and audio recorded interview via an online video conferencing platform. The interview may last up to 1 hour
  - Specifically, I will ask you about your experiences of PBL on your course more generally; your experiences of experimenting with self-disclosure within PBL; and the extent to which these experiences impacted on your professional and personal development.
- Complete a brief questionnaire to provide your demographic information.

All information you provide will be anonymised and will remain confidential.

By participating in this study you will help to describe factors that both help and hinder experimentation with self-disclosure within PBL; describe the extent to which the use of self-disclosure within PBL contributes to the personal and professional development of Clinical Psychologists; and increase the understanding of the self-disclosure process for facilitators and new trainee Clinical Psychologists who are about to embark on their PBL journey for the first time.

Most importantly, I hope that by taking by you will have a space to reflect on your most treasured or despised PBL experiences!

I really look forward to talking with you about these experiences in PBL.

If you would like to take part please contact me at your earliest convenience at:
✉ EMAIL
☎ CONTACT NUMBER

I look forward to hearing from you.

Best Wishes
Melissa Mountford

University of UH Ethics Committee

This is an official notification by a student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: Dilemmas in self-disclosure: a grounded theory analysis of trainee Clinical Psychologists use of self-disclosure in problem-based learning

Protocol Number: LMS/PGR/UH/04974

Approving Committee: The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

If you have any queries concerning this document, please contact me, Melissa Mountford at EMAIL or my supervisor, NAME + EMAIL

Appendix D: Visual study advertisement

Appendix E: Participant Information Sheet

University of Hertfordshire UH Ethics Committee

PARTICIPANT INFORMATION SHEET

Dilemmas in self-disclosure: a grounded theory analysis of trainee Clinical Psychologists use of self-disclosure in based learning

You are being invited to take part in a study. Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part.

What is the purpose of the study?
My name is Melissa Mountford, and I am a trainee Clinical Psychologist at the University of Hertfordshire. I am exploring how trainee Clinical Psychologists use problem-based learning (PBL) as a context to begin to experiment with self-disclosure. There is currently limited research into PBL on doctoral clinical psychology (DClinPsy) courses, particularly from the perspective of trainees. In the limited research that does exist, dilemmas around the sharing of the self have arisen as a theme in trainees experiences in PBL. Yet, little is known about this process. I hope that you might be willing to take part in my research which aims to address this gap in knowledge.

Do I have to take part?
It is completely up to you whether or not you decide to take part in this study. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you must complete it. You are free to withdraw at any stage without giving a reason.

Are there any restrictions that may prevent me from participating?
This study is looking to recruit current trainee Clinical Psychologists or qualified Clinical Psychologists, up to two years post qualification. You must have completed at least one problem-based learning task as part of your clinical training in order to take part.

What are the benefits of taking part?
It is hoped that this study can be used to:
1) Describe the factors that both help and hinder trainees use of self-disclosure within PBL.
2) Describe the extent to which the use of self-disclosure within PBL contributes to the personal and professional development of Clinical Psychologists.
3) Describe the extent to which personal aspects of identity or difference affect the experience of self-disclosure.
4) Increase the understanding of the self-disclosure process for facilitators to help them

respond to and support the use of self-disclosure within PBL.

5) Increase the understanding of the self-disclosure process for new trainee CPs who are about to embark on their PBL journey.

What are the risks of taking part?

PBL experiences can be difficult. Therefore, it is possible that some of the questions in the interview could potentially be emotive or distressing. Should you experience any distress during the interview, you have the right to stop the interview at any time. The research team will be available to offer support following the interview, as well supporting with signposting to relevant support services.

What is involved?

If you consent to taking part in this research, you will be asked to take part interview that will take place on an online video conferencing platform. The interview could last approximately one hour and will involve me asking you about your experiences of experimenting with self-disclosure within PBL. I will ask every person similar questions, but am interested in individual experiences. What I am interested in specifically is your experiences of PBL on your course more generally; your experiences of group working; your experiences of experimenting with self-disclosure in PBL; and in what ways these experiences impacted on your professional and personal. The interview will be video recorded via the online video-conferencing platform, as well as audio recorded on a secondary Dictaphone device.

Confidentiality

If you chose to be interviewed for this study all information you provide will be kept confidential from your course team (where applicable), other trainees (where applicable), and the other participants of this study. Data will be collected and stored in line with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016. The recording of your interview will be given a code (i.e. Interview A) and stored on a secure in a secure file on the University of Hertfordshire's One drive. A transcription service will be used to transcribe the interview, which involves typing up the interview verbatim. No identifiable information will be shared with the transcription service, although it is possible you could make yourself identifiable during the interview. A signed confidentiality agreement from the service will be obtained before any recordings are provided. All names and personally identifiable information will be removed from the transcripts by the researcher. Personal information will be kept securely and separately from the transcripts. Demographic information questionnaires will also be stored securely and separately from your name and contact details. The researcher's supervising team will also be kept blind to the identity of participants when reviewing transcripts.

The results of the research will be presented in a thesis for the purpose of gaining a qualification in Clinical Psychology. The thesis will be held at the University of Hertfordshire Learning Resource Centre and will be accessible to all interested parties. A summary of the main research findings may be published in written work or articles that the research and/or her project supervisors write, as well as for the purposes of teaching and conferences. Information originating from the study will only be made public in an unattributable format. You will be referred to by a pseudonym of your choice within the thesis report.

How long will my personal information be kept?

Your personal information and recordings will be destroyed on successful examination of this research.

The interview transcripts will be kept for five years after the research is submitted for examination (until approximately June 2028). You will be given the opportunity to consent to your interview transcripts being securely stored indefinitely for secondary analysis by members of the research team at the University of Hertfordshire.

Who has reviewed this study?

This study has been approved by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (Protocol Number: LMS/PGR/UH/04974). The research design has been formally peer-reviewed by the study's supervisors – Dr Rebecca Adlington and Dr Louise Conlan, as well as staff from the University of Hertfordshire's Doctoral Clinical Psychology programme.

Further information

Thank you for taking the time to read this information. If you have any questions, please contact me or the primary project supervisor using the contact details below.

Researcher: Melissa Mountford   Supervisor: Dr Rebecca Adlington
☎PHONE   ☎ PHONE
✉ EMAIL   ✉ EMAIL
⌨ Doctorate in Clinical Psychology, F262 Wright Building, College Lane Campus, Hatfield, AL10 9AB

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study.

Appendix F: Participant Demographic Information Form

DEMOGRAPHIC INFORMATION

Dilemmas in self-disclosure: a grounded theory analysis of trainee Clinical Psychologists use of self-disclosure in problem-based learning

Thank you for taking the time to complete this demographic questionnaire. Please note that all of the personal information you provide will be kept confidential and stored securely. None of the responses you provide will be connected to your name, email address or any other identifying information.

Please indicate your **current age**

16-25	
26-35	
36-45	
46-55	
56-65	
66-75	
76+	
Prefer not to say	

Please indicate your **gender identity**

Male	
Female	
Non-binary	
Trans Male	
Trans Female	
Prefer not to say	

Please indicate your **nationality**

Please indicate the **ethnic group** you identify with

White – English, Welsh, Scottish, Northern Irish or British	
White – Irish	
White – Gypsy or Irish Traveller	
Any other White background (please specify) ………………………………………………………………	
Mixed or Multiple ethnic groups – White and Black Caribbean	
Mixed or Multiple ethnic groups – White and Black African	
Mixed or Multiple ethnic groups – White and Asian	
Asian or Asian British – Indian	
Asian or Asian British – Pakistani	
Asian or Asian British – Bangladeshi	

Asian or Asian British – Chinese	
Any other Asian background (please specify)	
Black or Black British – African	
Black or Black British – Caribbean	
Any other Black, African or Caribbean background (please specify) ……………………………………………………………………..	
Arab	
Any other ethnic group (please specify)	
Prefer not to say	

Please indicate your **stage of training**

1st year	
2nd year	
3rd year	
Completed training within past two years Year of qualification…………………………………..	

Please indicate your **DClinPsy training course**

University of Hertfordshire UH Ethics Committee

This is an official notification by a student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: Dilemmas in self-disclosure: a grounded theory analysis of trainee Clinical Psychologists use of self-disclosure in problem-based learning

Protocol Number: LMS/PGR/UH/04974

Approving Committee: The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

If you have any queries concerning this document, please contact me Melissa Mountford at EMAIL or my supervisor NAME and EMAIL

Appendix G: Ethical Approval

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Melissa Mountford
CC	Rebecca Adlington
FROM	Dr Simon Trainis, Health, Science, Engineering and Technology ECDA Chair
DATE	16/05/2022

Protocol number: **LMS/PGR/UH/04974**

Title of study: Dilemmas in self-disclosure: a grounded theory analysis of trainee Clinical Psychologists use of self-disclosure in problem-based learning

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

 no additional workers named

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 16/05/2022

To: 01/05/2023

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Appendix H: Participant Consent Form

University of Hertfordshire UH Ethics Committee

PARTICIPANT CONSENT FORM

Name of principal researcher:	MELISSA MOUNTFORD
Contact details:	✉ EMAIL ☎ PHONE ✉ Doctorate in Clinical Psychology, F262 Wright Building, College Lane Campus, Hatfield, AL10 9AB
Ethics Protocol Number:	LMS/PGR/UH/04974
Participant Identification Code:	_____ *(to be completed by the researcher)*

To be completed by participant (please initial each box)	
I confirm that I have read and understood the participant information sheet for the above study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason. If I withdraw from the study, my data can only be withdrawn within a two week period following the interview. I understand that due to the nature of the data analysis being conducted, it will not be possible to withdraw my data once data analysis has begun.	
I agree to my interview with the researcher being video and audio recorded. This recording will take place on the video conferencing platform and on a secondary recording device (Dictaphone).	
I understand that a professional transcription service will be used to listen to an audio recording of my interview and transcribe the words that I and the researcher say. I understand that identifying information will not be shared with the transcription service, although there is a possibility I could make myself identifiable during the interview. My recording will be given a code (i.e. interview A) to make sure that it remains confidential. The service will sign a document to agree to keep my interview private.	
I understand that parts of my interview transcript may be looked at by members of the research team and members of the research peer support group at the University of Hertfordshire. Anonymised sections of the interview transcript may also be looked at by two examiners of the researcher's thesis. All these people are required to keep my interview private and confidential.	
I agree that the researcher can contact me to talk about my interview and the study. I am aware that I can ask the researcher not to contact me anymore, at any point.	
I agree that the quotes from my interview may be used in written work or articles that the researcher and/or her project supervisors write, as well as for the purpose of teaching and/or conference presentations, as long as my name is not used. I understand that the researcher will do her upmost to make sure that no one will be able to tell who I am from the quotes, but in rare instances someone close to me might be able to identify me.	

I understand that the transcription of the interview and my personal details will be kept in a secure file on the University of Hertfordshire's One Drive. My interview recordings and personal information will be destroyed on successful examination of this research.	
I consent to my transcript being securely stored indefinitely for secondary analysis by the doctoral staff team at the University of Hertfordshire. OR I consent to my transcript being securely stored for five years following examination of the research.	
I agree to take part in the above study.	

Name of participant:	Date:	Signature:
Email address:		Telephone number:

Name of researcher:	**Date:**	**Signature:**

Appendix I: Participant Debrief Sheet

University of Hertfordshire UH Ethics Committee

DEBRIEFING SHEET

Dilemmas in self-disclosure: a grounded theory analysis of trainee Clinical Psychologists use of self-disclosure in problem-based learning

The aim of this research is to explore and identify the processes that underpin trainee Clinical Psychologists use self-disclosure within the context of PBL. It is hoped that this research can be used to:

1. Describe the factors that both help and hinder trainees use of self-disclosure within PBL.
2. Describe how the use of self-disclosure within PBL might translate to clinical practice.
3. Increase the understanding of the self-disclosure process for facilitators to help them respond to and support self-disclosure experimentation within the context of PBL.
4. Increase the understanding of the self-disclosure process for new trainee CPs who are about to embark on their PBL journey.

You were asked to take part in this study as you are a trainee Clinical Psychologist or qualified Clinical Psychologist (up to two years post-qualification) who has taken part in at least one PBL task as part of your training.

You took part in a semi-structured interview which enabled you to talk freely of your experiences in PBL with the researcher. The interview was recorded for later transcription. The audio recordings of your interview made during this research will be used for solely for research analysis and may be quoted anonymously in the final report of the research.

If you require any support after taking part in this study, you can access this from the sources below:

- The study research team (contact details can be found below).
- Your university course tutor (or equivalent) or problem-based learning facilitator.
- Support from your employer. Examples of support offered in NHS services include:
  - A confidential staff support line, operated by the Samaritans and free to access from 7:00am – 11:00pm, seven days a week at 0800 069 6222.
  - NHS Hertfordshire and Essex Staff Wellbeing Hub (Here for you). Email:

hereforyou@nhs.net. Phone: 03442 573960, 24/7 phone number available across Herts and Essex. Website: https://www.hereforyou.info/

- o There may also be staff support networks linked to your employing trust.
- The Division of Clinical Psychology Minorities Group. This can be accessed on Twitter @MinoritiesGroup and Facebook 'Minorities in Clinical Psychology Training Group'.

As problem-based learning in clinical psychology training is an under-researched area, we hope this study will make a valuable contribution to the PBL literature.

Thank you for taking part in this study. If you have any further questions or require any further support, please do not hesitate a member of the research team.

Researcher: Melissa Mountford

☎PHONE

✉ EMAIL

Supervisor: Dr Rebecca Adlington

☎ PHONE

✉ EMAIL

🖥 Doctorate in Clinical Psychology, F262 Wright Building, College Lane Campus, Hatfield, AL10 9A

University of Hertfordshire UH Ethics Committee

This is an official notification by a student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: Dilemmas in self-disclosure: a grounded theory analysis of trainee Clinical Psychologists use of self-disclosure in problem-based learning

Protocol Number: LMS/PGR/UH/04974

Approving Committee: The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

Appendix J: Interview Schedule

INTERVIEW SCHEDULE

Warm up questions
1. What bought you to want to participate in this research?

General questions about PBL
2. What were your thoughts about PBL before you started it?
   Prompts: How did you feel about PBL being part of your clinical training?
   What hopes did you have? What fears did you have?

3. Tell me about your first experience of taking part in PBL?

4. Having taken part in PBL, what do you understand PBL to be?

5. What does PBL look like on your training course?

   Prompts:
   - How is PBL incorporated into your training programme? I.e. part of one module or adjacent to the academic programme as a whole?
   - What was the size of your PBL group? Did this remain stable throughout the course of PBL? Did you stay in the same group throughout?
   - How many exercises did you do?
   - Can you tell me about the nature of the tasks you did?
   - How were you assessed? - did you write reflective accounts after the exercise?
     o How did the assessment (or lack of thereof) impact on your PBL experience?

6. What were your further experiences of PBL?
   Prompt: How did you feel when doing it?

7. How would you describe working in a PBL group?
   Prompt: What did you like about working in a PBL group?
   What did not work well when working in a PBL group?

Questions about self-disclosure
8. What do you understand self-disclosure to be?
   NB: Not looking for a theoretical description more about your definition and experiences
   Prompt: When were you first introduced to the concept of self-disclosure as part of your career in psychology?

9. When did you have your first experience of self-disclosure within PBL?
   Prompts: what was it like?
   How were you thinking and feeling?

10. What were the events that led up to and preceded your use of self-disclosure?
    Prompt: How much choice did you have over your use of self-disclosure?

11. What, if anything influenced you experimentation with SD in PBL?
    Prompt – Anybody? Anything?

How did they/this influence it?

12. Were there any helpful experiences of using self-disclosure within PBL? If so, could you describe these.

13. Were there any occasions on which your use of self-disclosure did not go as you had hoped? Prompt: How did you handle these experiences?

14. How did your use of self-disclosure in PBL compare with your self-disclosure in other areas of training (i.e. within the wider cohort/other groups/on placement)

15. Were there any aspects of your identity that you think affected your experience of self-disclosure?
    Prompt: Hold in mind Burnham's Social GRACES – Gender, Race, Religion, Age, Ability, Appearance, Class, Culture, Education, Ethnicity, Spirituality, Sexuality

Questions related to personal and professional development

16. In what ways have your experiences of using self-disclosure within PBL impacted on your professional and personal development?

Ending questions
17. After having these experiences of using self-disclosure in PBL, what advice might you give to a trainee Clinical Psychologist about to embark on their PBL journey for the first time?

18. Before we finish is there something else about your experiences of PBL more generally, or that related to self-disclosure, that you wanted to share?

19. How did you find talking about your PBL experiences today?

Appendix K: Confidentiality agreement for transcription

University of Hertfordshire UH Ethics Committee

TRANSCRIPTION AGREEMENT

Transcription confidentiality/non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

Melissa Mountford (researcher and discloser)

And

Kate MacFarlane **(recipient and transcriber)**

The recipient agrees not to divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient also agrees to destroy the transcripts as soon as they have been provider to the discloser.

The recipient agrees to return and/or destroy copies of the recordings that were provided by the discloser following transcription.

Signed: *Kate Macfat*

Date: 16 February 2023

University of Hertfordshire UH Ethics Committee

This is an official notification by a student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: Dilemmas in self-disclosure: a grounded theory analysis of trainee clinical psychologists use of self-disclosure in problem-based learning

Protocol Number: LMS/PGR/UH/04974

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Appendix L: Examples of initial coding in NVivo

adults and also thinking about like intersectionality and different, different elements that will be using and each referral, I think it gave me an opportunity to read more on different things, so whether we have to use a specific model, for example, or whether we want to think outside of the box and try to incorporate or integrate different theories and different interventions to formulate our question. I guess also thinking about how we work together as clinical psychologists like trying to mimic I guess the MDT and because, although we are all trainees, we all come from different backgrounds, with different experiences, with different knowledge, erm some may have more research background, some others may have, so each of us bring something different so it's not just an opportunity to learn from the things that we read, but also to learn from each other and learn how to collaborate. And I think it was also an opportunity to be able to voice what you think, like find the courage and be vulnerable but also find the courage to work with people and share your opinion, which often I don't find myself doing that in MDT meetings, maybe because the trainee role I'm thinking oh like can I do that or will they take me seriously and I think it is a way, especially at the beginning, like year one, where people don't really know you because I see PBL as a journey and as a process so I think you get to know people as, as you kind of move on with the training, but at the beginning they don't really know you so they, they have to respect, like I don't know, respect you in a way that it's very professional which I guess also mimics the MDT and yeah. I think it also gave me an opportunity to think of referrals as like I would do in real life but also to a bigger extent, so thinking about assessment thinking about formulation erm and intervention and think of ways to approach something outside of the NHS if that makes sense. I think PBL gives you the space to be creative and to bring different perspectives. Erm, and you can do that outside of the academic structured like with role plays and all of these things, and like experiential learning and using theatre, using art, using lots of different things to actually present your point of view or your story, or what you want to present. And I think that is really needed within the NHS like I really love that aspect of PBL.

Interviewer : Thank you. What about like, what about your fears, did you have any fears about starting PBL?

Participant: I think as a person I'm quite open and whenever I have a problem with someone I'm quite direct, but not in an direspectful way, but if I do have a problem I will come to you and I will say this is not working for me, or like I disagree with that, so I, I feel that I have the confidence to do that. Although sometimes there is like at the back of your mind like oh will this work and really you know, will we have any problems with the rest of the group members. Erm and I think I especially was afraid for like taking accountability in terms of tasks and how the, the actual presentation was going to go,

and kind of connect with nature and you sit outside in the sun and all of that it kind of changes the atmosphere and how like the conversation is going and flowing. Erm so I think, besides the online nature which I don't know, sometimes I think it's, it's necessary because some people may not be able to join or due to the pandemic, obviously we didn't really, we prefer to be safe and join online and but in the rest of the, yeah i'm kind, I'm trying to think, but I can't think of. Maybe I'm lucky enough and don't really have much of a problem. No I can't think of anything.

Interviewer : How would you describe then, sorry were you going to say something else?

Participant: No go ahead.

Interviewer : I was gonna ask, so how would you describe then working in small PBL group?

Participant: Erm I think it, to me it has been a positive experience. Erm and I guess what we always do with a topic is having some time, alone time to read the topic and have some thought about it and then coming discussing it. Erm, but my experience so far is that we, we do work well because we had discussions on how do we want to work together, how each of us, you know how do I like to work. So I'm very organized and I really like, like slides to be done and I'm also, but I don't really mind if the slides are like session four or session five, like there are other people they don't really care about this slides. So I think that we, we all know how each of us is working and what are the strengths and the like weaknesses let's say. So I think we do use that knowledge so for example in this PBL we have, we have two CBT therapists so they have, they hold a lot of knowledge in comparison to us and I think space given at each PBL for this knowledge to broaden. Erm I don't find it, I think what I really like in my PBL is that no one is competitive in terms of showing or proving themselves that they hold knowledge or they're experts in something and the dynamics like no one tries to be dominant, everyone has an equal share, and even if like we're working online or face to face it doesn't really matter. If someone notices that someone is not really speaking that much, then we will offer that space and we will name that. So, I think naming also uncomfortable feelings erm and like sitting with the discomfort in terms of you know oh when the slides will be ready or when we will have you know a final rehearsal or things like that. It has been a continuous discussion in our PBL and I think it helps having a structure, so what we didn't have at the beginning and we changed it in erm I think from the formative to the first one is always have a structure in terms of who is keeping notes this time around, erm having a document that has all of our notes, all of our brainstorming, all of our ideas and then try to break that down on how do we want this presentation to look like, do we want role plays, do we
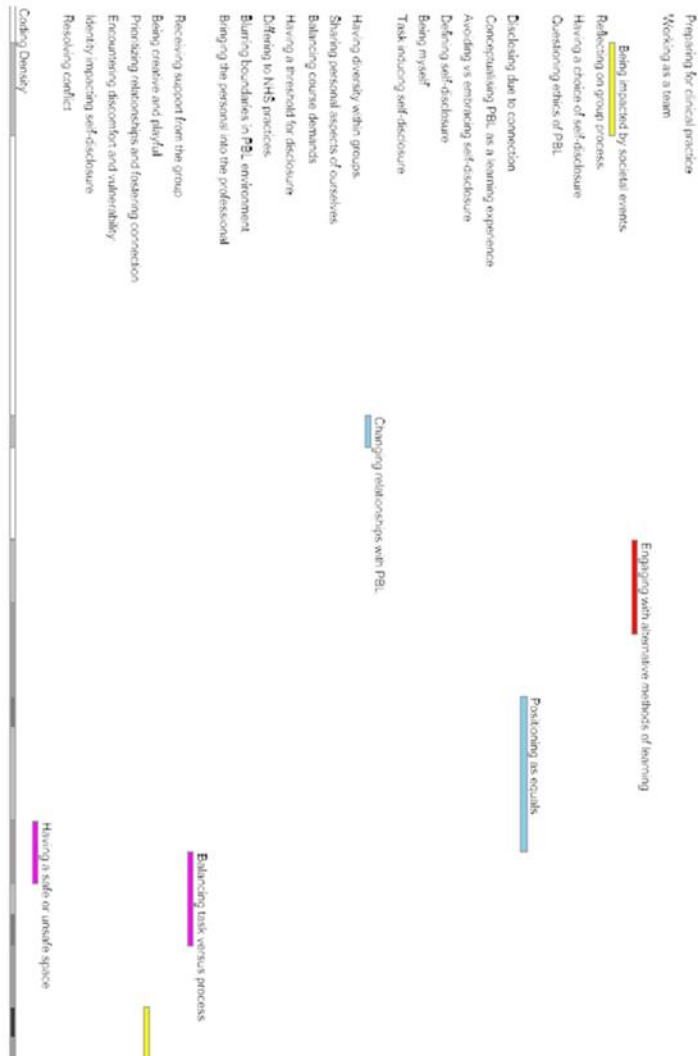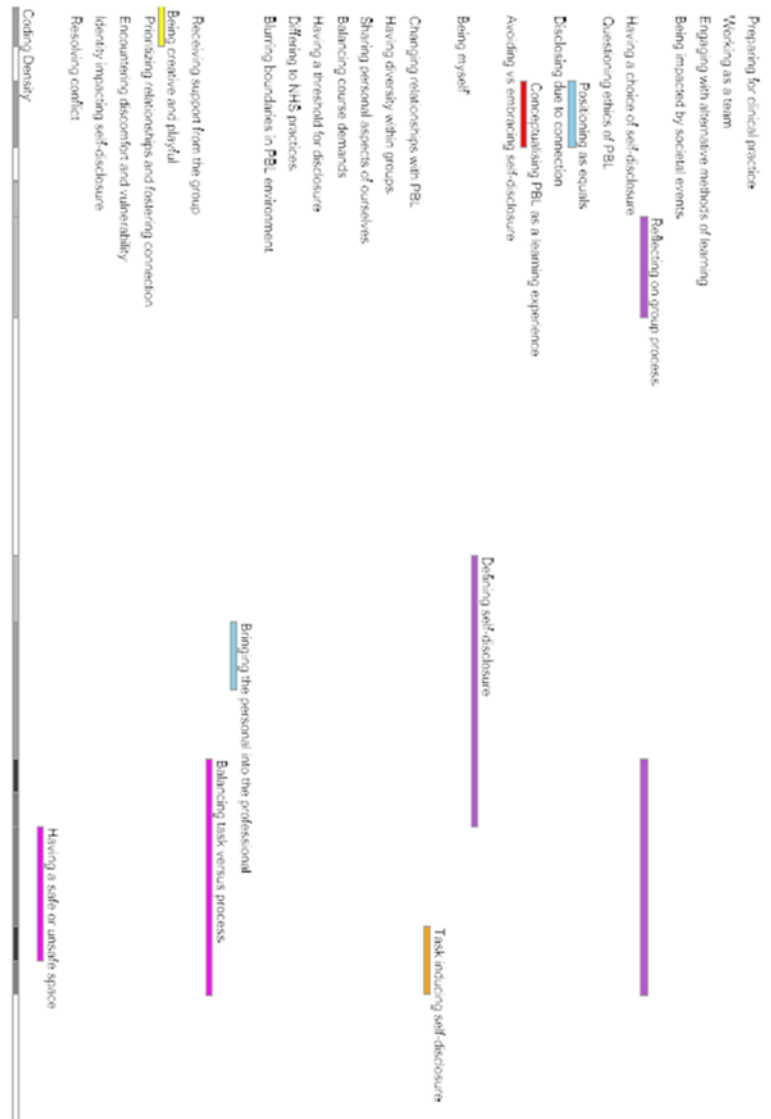
want like, what kind of creative elements do we want. Erm and then we kind of divide tasks in terms of who will read, but it's always in an equal way, so so, always everyone will have to read on something. Even if it's their area, they will read on something different, erm so everyone has an equal opportunity to, to learn about something new and enhance their own learning. Erm and then we come back together, no I think I was talking about the structure of the session and then I got lost, but yeah in terms of the session we always have someone who keeps notes, someone who keeps time and also at the end of it we keep like half an hour to reflect or like 20 minutes to reflect on the process and making sure that we all have like reflections it's not just one person dominating the whole group or like two people, maybe. So I think yeah all these things work together. I hope i'm responding to your questions, I'm feeling that I'm rambling.

Interviewer : No it is all really helpful thank you. So my next question is slightly different the ones I've been asking so far, and was what do you understand self-disclosure to be?

Participant: Erm yeah, I guess this is, this leads back to the to the question that I had a beginning and *(note to self - asked what was meant by self-disclose at the beginning and I said unique to everyone and interested in own meaning)* I think self-disclosure it can be lots of, lots of things. Er but in my mind especially in regards to PBL, I think it's two things. The first one is how like self-disclosure about who you are as a person. So what kind of values do you bring, what is your vision, what kind of clinical psychologist do you want to become, anything in relation to your cultural background/identity. But also personal experiences erm so like sharing a little bit of yourself with, with the people that you are in a group. Erm which I think is one of the like bases to, to foster good relationships and closeness and connection. Erm and then theres also self-disclosure around how you feel during the PBL like what is working, what is not working, what can we do better. Erm you know how you feel about the task, how you how you feel about the presentation like reflecting on both the process and the task and feel safe enough to, to share that with your group and say oh actually, like one of the suggestions in our group was to share our reflective accounts or like parts of our reflective accounts that we want to share with our group. Because we'll talk about our group processes and we have all talked about like lots of love and compassion all of that in our group, so I think it's you know an amalgamation everything really.

Interviewer : I think in your last response you spoke about naming uncomfortable feelings and and that, it sounded like it related to a way that you might define self-disclosure within PBL and I just wondered if you could say a bit more about naming of uncomfortable feelings?

Coding Density

Preparing for clinical practice
Working as a team
Engaging with alternative methods of learning
Being impacted by societal events

Having a choice of self-disclosure
Questioning ethics of PBL
Disclosing due to connection
Conceptualising PBL as a learning experience
Avoiding vs embracing self-disclosure

Being myself

Changing relationships with PBL
Having diversity within groups
Sharing personal aspects of ourselves
Balancing course demands
Having a threshold for disclosure
Differing to NHS practices
Blurring boundaries in PBL environment

Receiving support from the group
Being creative and playful
Prioritising relationships and fostering connection
Encountering discomfort and vulnerability
Identity impacting self-disclosure
Resolving conflict

Reflecting on group process

Positioning as equals

Defining self-disclosure

Bringing the personal into the professional

Balancing task versus process

Having a safe or unsafe space
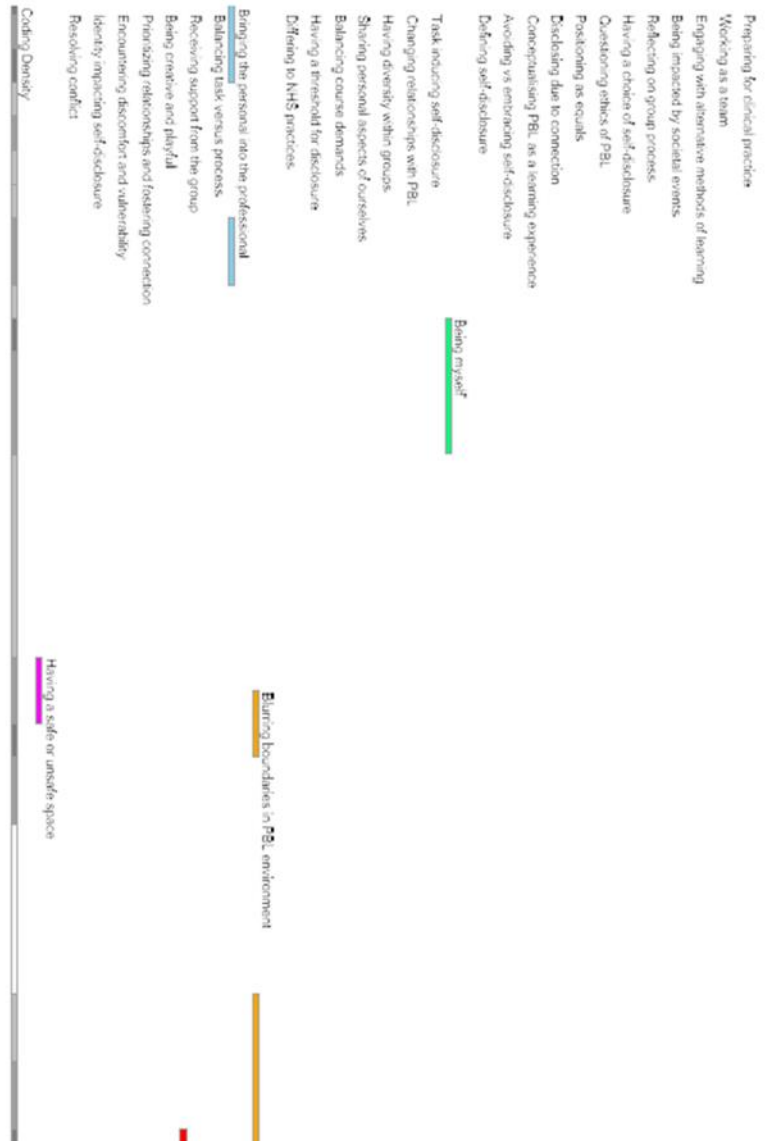
Task inducing self-disclosure

how, why are you driven to do this job, why are you driven to work in this way, why are you driven to be a good colleague and to be a good clinical psychologist and to be a good therapist and all of it. So it kind of, you recognize a little bit more about yourself, which also ties up to personal development as well. I think, for me, the more, the more I go with this training and the PBL is one aspect of it, but I think the PBL is the main place, that I have I, I know that I feel confident to discuss anything really. Is that I understand more about myself, I understand more about where I want to be when we finish, where I want to be in the next year, like what is the next step for me. Erm and kind of have a vision of how I want to be as a clinician and how I want to be as a person as well in my life. Because, for example, the task on older adults it's not just for the, we're working with older adults, we may hold ages assumptions and we may not know about it. Erm yeah I guess it's my personal development in terms of recognizing your values and working with them or like prioritizing, if you feel that you're not prioritizing your values and what is wrong with it like something, there's something that you need to change.

Interviewer : And so it's the self disclosure in PBL which sort of helps you to acknowledge and share those values which then can contribute the...

Participant: I think so yeah. I think so because there is a space for you to actually have the time to reflect on it isn't it it's more of like a reflective space and often I don't have people in my life that are psychologically minded or psychologically trained to have these discussions. So I think PBL offer that space and it's safe. You cannot always have these discussions with your supervisor your team or in that same manner. Er so I think, and also get advice for things or like learn from your peers and I think that can only happen with self-disclosure like a if go and you say oh I, this happened yesterday and it reminded me of this and I did this, and it was like a mistake or something I don't have an example to bring, er I don't know.

Interviewer : And how do you think, you mentioned a distinction there between maybe talking about things in your PBL group and then talking about things like supervisors. How does it differ?

Participant: I think I haven't felt with my supervisor that friendship and that's appropriate because they are my supervisor,they're there to support my learning and my development they're not my friends. With my PBL I feel that they are also my friends so they will talk, they will talk to me, I hope, if that ever happens, like if I if I ever do something, or if I ever go for them, to them for advice er like very specific, I hope that they will talk to me in a different capacity, like in a different way. Erm but

Coding Density

Preparing for clinical practice
Working as a team
Engaging with alternative methods of learning
Being impacted by societal events
Reflecting on group process
Having a choice of self-disclosure
Questioning ethics of PBL
Positioning as equals
Disclosing due to connection
Conceptualising PBL as a learning experience
Avoiding vs embracing self-disclosure
Defining self-disclosure
Task inducing self-disclosure
Changing relationships with PBL
Having diversity within groups
Sharing personal aspects of ourselves
Balancing course demands
Having a threshold for disclosure
Differing to NHS practices
Bringing the personal into the professional
Balancing task versus process
Receiving support from the group
Being creative and playful
Prioritising relationships and fostering connection
Encountering discomfort and vulnerability
Identity impacting self-disclosure
Resolving conflict

Being myself
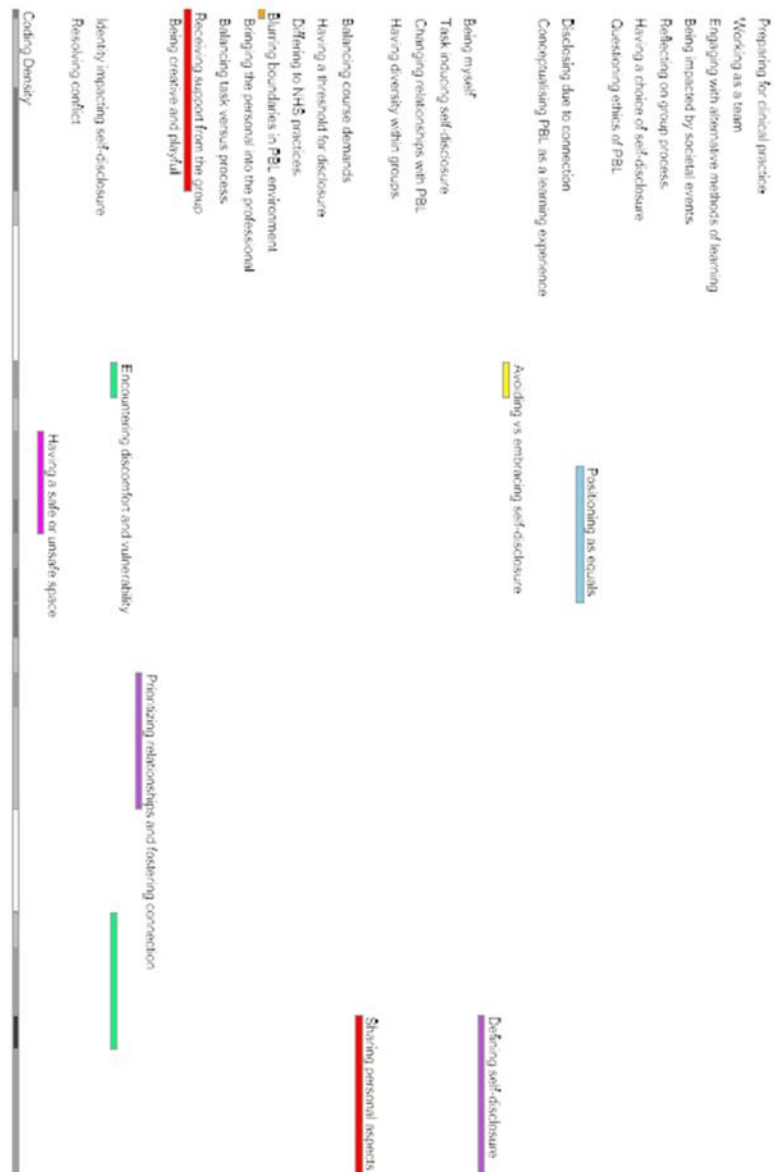Having a safe or unsafe space
Blurring boundaries in PBL environment

also think that the ways that I needed them, like thinking now of the example I said ▓▓▓▓▓ erm they knew the people in the cohort, like the peer support that you get out of it it's just, I can't erm what is the word, I can't compare it to any other peer support like I think that the peer support that you get through the training from your peers is something different to any peers, like they understand you they get you, they get what you're going through. And I think that's facilitate, like self disclosure facilitates that. I don't know. I'm not sure if I respond to the questions.

Interviewer : And after having these experiences of self-disclosure in PBL, what advice might you give to maybe a trainee that starting their PBL journey for the first time?

Participant: Just be open. Be open to meet people, share an aspect of yourself like don't be afraid. Don't be dominant like learn how to take a step back and listen to other people's opinions, even if it's hard for you to, not to do that. Erm I guess it changes depending who you are like your personality traits but I think, to me, the important is listen, like really listen, do not listen to respond, listen, process and then respond. And just give time to people to like equally contribute. I think there is a trap to kind of take a leadership role or just for one person to have a specific role, well within our PBL it has been quite Nice that we change roles, although we do recognize the strengths that each member of brings, at times that is needed, and we do change roles, we're not married to the ideas and also yeah don't be married to the ideas like be comfortable seating with the uncertainty erm of changing the slides last minute or of changing everything last minute. And prioritize relationships over the marking criteria for the task, lik foster connection I think that's that secret in terms of what makes it work or that's my conclusion.

Interviewer : Before we finish today is there something else that you wanted to add about your PBL experiences more generally, or more specifically about self disclosure?

Participant: Erm I think, in my mind it would have been hard to be in a, to have a positive experience without feeling vulnerable to self-disclosure like to, to share parts about myself. And I think in order to do that, you need to show vulnerability erm to the members, to the rest of the members of the group I'm not saying do that in the first session, like in the first 90 minutes you will have together. But yeah I guess it's really difficult to separate one from the other, and I think every good group, I guess group cohesion again I'm not citing research, because I have no idea whether there is research on that, but I assume that self-disclosure and like sharing aspects of who you are and what your identity and being quite open and honest and respectful and all of that, is part of that, is associated with self-disclosure.

Coding Density
Resolving conflict
Identity impacting self-disclosure
Encountering discomfort and vulnerability
Having a safe or unsafe space
Receiving support from the group
Being creative and playful
Balancing task versus process
Bringing the personal into the professional
Blurring boundaries in PBL environment
Defining to NHS practices
Having a threshold for disclosure
Balancing course demands
Having diversity within groups
Changing relationships with PBL
Task inducing self-disclosure
Being myself
Conceptualising PBL as a learning experience
Disclosing due to connection
Questioning ethics of PBL
Having a choice of self-disclosure
Reflecting on group process
Being impacted by societal events
Engaging with alternative methods of learning
Working as a team
Preparing for clinical practice
Avoiding vs embracing self-disclosure
Positioning as equals
Prioritizing relationships and fostering connection
Sharing personal aspects
Defining self-disclosure

Appendix M1: Example of focused coding

| Focused Code	Line by line code	Corresponding coded text
Task inducing self-disclosure	Having a reason to self-disclose	I guess with self-disclosure and talking about your personal stuff, you can start to blur the boundary between you know, what you might do if you were getting your own therapy, and it was more about helping you to process your own emotions, or about things that have happened and your own experiences, whereas, for me, I see self-disclosure as you're doing it because it's … you're doing it as part of the work. (David)
	Sharing an emotional experience	so right at the beginning we were all talking about how we felt quite apprehensive, about the task. We weren't really sure what to expect, that kind of thing. So, yeah, all sharing really our feelings of anxiety. (Jessica)
	Sharing personal aspects of ourselves	I guess it's really difficult to separate one from the other, and I think every good group, I guess group cohesion again I'm not citing research, because I have no idea whether there is research on that, but I assume that self-disclosure and like sharing aspects of who you are and what your identity and being quite open and honest and respectful and all of that, is part of that, is associated with self-disclosure. (Arya)
	Sharing social graces	We were kind of picking out particularly about his sexual identity, and we were kind of reflecting on our relationship to the LGBTQ+ community, I think that really gave a bit of a, an avenue to talk, to talk about our experiences around that. (James)
	Timing self-disclosure	I think really early on, if not the first by the second session, where it was not facilitated I think we were, I mean because the topic I remember this, I definitely talked about being like a second-generation immigrant feeling parentified, those things came up really early on. So definitely in the first group I don't know if it was the first or second session. (Cleo)

	Treading carefully around diversity discussions	I can remember having an open conversation about sort of diversity aspects and we had some teaching on it actually, and a lot of us were quite wary of what to say, what language to use, and we just kind of had a really open discussion together about, um, "This is where I am. If I say something that isn't quite right, please just challenge me, like I'm just trying to do my best, sort of thing." Um, yeah, really kind of had an open discussion about that – so it was a lot to do with the people. (Daisy)

## Appendix M2: Examples of focused codes group under sub-categories

Sub-category: Having a 'safe-enough' space		
Focused Codes	Sources (Transcripts)	References
Being guided by facilitator	7	26
Blurring boundaries in PBL environment	12	43
Mirroring cohort dynamics	6	13
The group makeup	12	52
Having conflict	8	27
Forming within-group relationships	9	26
Experiencing togetherness in self-disclosure	10	18

Sub-category: Building relationships and fostering connection		
Focused Codes	Sources (Transcripts)	References
Disclosing due to closeness	13	26
Facilitating connection with self-disclosure	5	13
Resolving conflict	6	22

Appendix N1: Diagramming
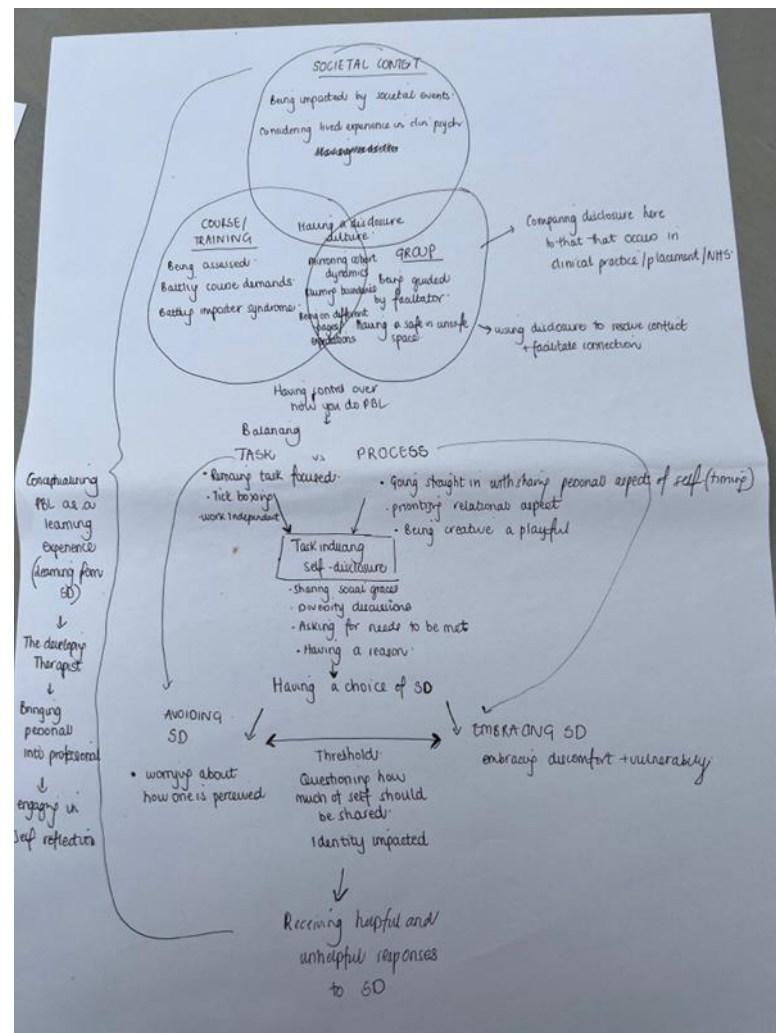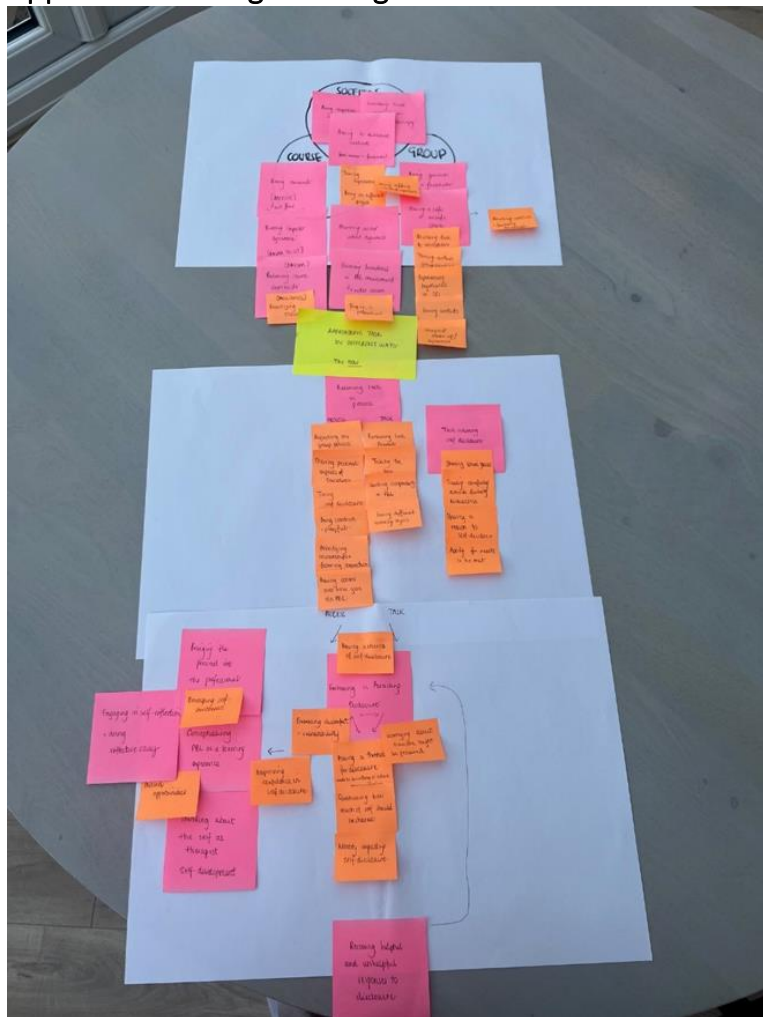
Appendix N2: Initial Model
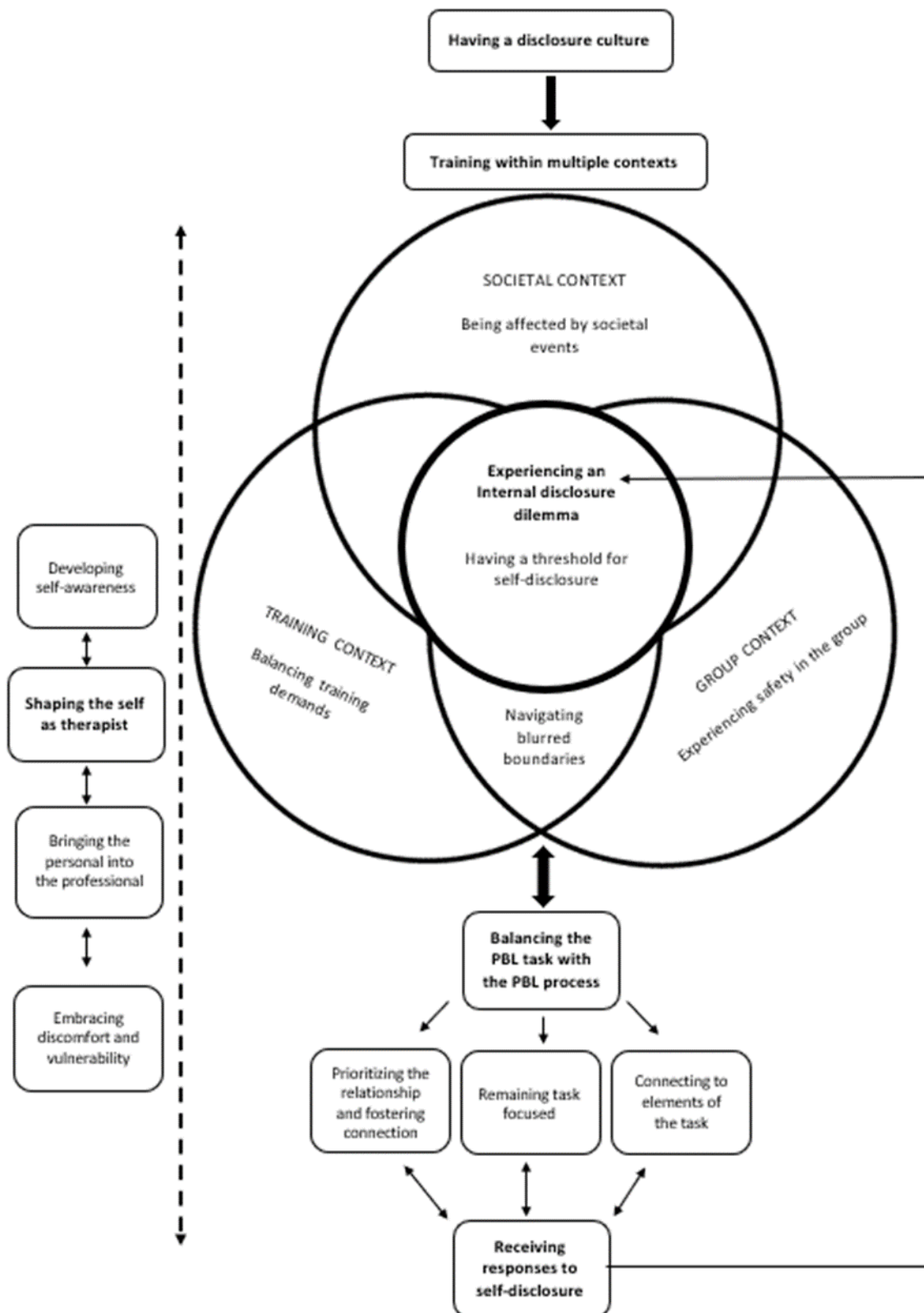
Appendix O: Example of a memo

Thoughtful selection of task

'[…]in the way it was very thoughtfully selected'

Participants have describing self-disclosure as though it is *'part and parcel'* of PBL. Notably, I have only spoken with trainees from two DClinPsy courses, with this being more salient in one than in the other. This leads to thoughts around different course ethos', the curriculum context, the way the content is delivered on different courses, and the way this might be conducive to self-disclosure. For example, participants referenced a 'chair' exercise on the first day of training in which they were required to come and bare all to their cohort, almost setting an expectation for self-disclosure.

With this I mind, I wondered if tasks in PBL were thoughtfully set up to be conducive to self-disclosure. For example having vignettes that elicit self-disclosure, having objectives for reflection of the group process and requiring trainees to write a post task reflective account). ***I believe there to be some link between this and having a choice of self-disclosure.*** This felt particularly relevant to tasks in which the vignette referenced the social graces/identity factors of the hypothetical client. When encountering these vignettes trainee self-disclosed their own social graces. Consequently, these disclosures are most often met with not feeling heard, feeling misunderstood or having to justify one's points with their own demographics. This also brings into the question the ethics (as previously questioned by participants) in PBL around the **lack of choice** involved in the process, lack perceived control and lack of consent from the outset.

I am wondering about ways in which these ideas above can all pull together as more of a category. This is definitely something key and unique to the PBL task and the way that his might facilitate self-disclosure 'inducing self-disclosure with task? Task including self-disclosure? There is also this idea of expectation versus choice. The expectations seem to filter from the context (course ethos), and trainees then choose self-disclosure or non-disclosure?

Appendix P: Extracts from reflective research diary

20/06/2022: Reflections following second interview

This interview was an interesting one for me as it felt as though the participant was describing my own PBL experiences. For example, they spoke about having a task focus and having experiences of fun and laughter. I felt a sense of warmth hearing PBL spoken about so positively. I became more aware of my insider-researcher status and how this would need to be considered during interviews and analysis to avoiding tending too much and following avenues that matched my own experiences. I noticed my anxiety as the participant less to say as compared to my previous participants. She struggled to recall some elements of her PBL experience. This made me doubt my decision to incorporate Psychologists who had been qualified for up to 2 years if recall was going to be an issue. Notably, I did not notice the same in the mock interview with my EBE who took part in PBL in the past. Reflecting back on the experience did appear to offer the participants some emotional distance following a period of processing. It was helpful to have a perspective on self-disclosure in PBL in its entirety.

The participant spoke to challenges around about the topic of social justice, diversity and racism which had been the same for my previous participant. Perhaps there is something in the topic of the task that might lead to negative experiences of SD? Despite challenges, the participant spoke positively of self-disclosure experiences due to the safety felt within her group, particularly due to presence of a facilitator. This warrants further exploration.

29/04/2022: Changing PBL contexts

I recently found out that someone would be moving PBL groups in our current cohort. I was also made aware of the interpersonal difficulties that were occurring in PBL across cohorts with PBL not feeling like a safe space for many. I have begun thinking about the future of PBL on the programme. I have fears that PBL might cease to exist and therefore doubt the value of this research. These were reinforced as new course director is due to be employed. Might they see value in PBL? On the flip side, I wondered how this thesis research could play a pivotal role in shaping the PBL of the future, not only for my current programme but across course (perhaps even those who do not use PBL as part of their programme).

It also led to thoughts about how PBL could be different, and how my research has found evidence to support this. Perhaps we do not need to remain in the same groups to learn and feel able to share parts of ourselves? Or perhaps this is essential?

It is also interesting to reflect on the start of a new PBL task amidst this research process. Usually PBL is something I really look forward to as I enjoy spending time in the safety of my group. Yet this time I could not be bothered! I don't know if this is reflective of the demands of the course more generally. I was also more consciously aware of the processes occurring in my group from the reading I had been doing for this project (i.e. our tendency to actually avoid the process elements as a group and remain on a task level perhaps because this was the least painful way to relate to one another?). Avoidance was still very much present for me. I am happy with the homeostasis of the group that did not include too much self-disclosure.

15/07/2022: Recruitment Challenges

I am facing recruitment challenges from courses beyond by one. I reflected on these challenges with my peers, and we wondered why it only seems to be trainees from one university coming forward. We wondered if this was reflective of the way PBL was done on our own course that self-disclosure forms more of a part of. Perhaps PBL experiences on my own course are more challenging/emotional/memorable experiences that people want to reflective upon and share. I was curious about what PBL looks like on other programmes beyond the descriptions I already have. DO trainees there encounter the same challenges or does their silence speak to positive or perhaps unremarkable PBL experiences that are not worth sharing? I will be sure to further consider course ethos during interviews and analysis.

13/10/2022: Shifting perspective on self-disclosure

My last memo sounds a those I am advocating for self-disclosure, which is unusual for me. I wonder if this research is slowly changing my views on self-disclosure. I found myself particularly moved by a participant's statement about how as therapists we cannot expect our clients to share everything with us, without having experiences these same feelings of discomfort ourselves. I have now finished PBL and have the benefit of reflecting back on my experiences without being in the midst of it. Having also just begun my third year of training. I am able to acknowledge a change in confidence in myself and a development in skills. I wonder if this also underpin this change in view I have on self-disclosure. It's not something I want to be avoidant of anymore. The relationship to self-disclosure certainly feels like a developmental experience, perhaps one each therapist goes through?